THE

"Bradshawe" Lecture

ON

NERVOUS AFFECTIONS OF THE HAND.

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(Concluded from p. 407.)

THERE are two results of hemiplegia which mainly affect the hand, and which call for some special attention: these are contraction and spasm.

Late contraction or contracture is an almost constant phenomenon after hemiplegia; its completeness is usually proportionate to the completeness with which the limb is cut off from the will, and it is generally ascribed to a degenerative process descending along the path of the will. This degeneration is best marked after lesions of the corpora striata, and is said by Isidore Straus not to occur after lesions of the cortex; others, however, hold a different opinion. This degeneration follows the course of all nerve degenerations, and travels slowly down the course of the extinct function. Its descent is completed in about two months, and then the contraction of the hand approaches its maximum. Ordinarily (in two-thirds of the cases) the contracted limb is in an attitude of flexion and pronation. As far as the hand is concerned, the attitude is an exaggeration of the cadaveric position—the fingers and thumbs being flexed upon the palm. It is probably due to the extinction of the will and the abandonment of the limb to reflex stimuli, reaching it through the cord, and the consequent tonic contraction of the stronger group of muscles. As a rule the muscles do not waste and respond to faradaism, as in health. The contracted flexors can be made to contract still more by electric stimulation, showing that their contraction is not complete. The cadaveric position of the hand is similarly due, probably, to the tonic contraction of the stronger group of muscles in the interval between death and the dying out of muscular irritability. The "cadaveric position" is assumed, even though the force of gravity may tend to counteract it. I cannot believe that the late contraction of a hemiplegic arm is due to irritation, inflammation, or any form of discharge emanating from the brain. I have said that there is no wasting or degeneration of the muscles of a hemiplegic limb. The reason of this is, I believe, that sensory impressions made upon the palsied limb produce their effect upon the muscles and vessels of the limb through the spinal cord; and that this exercise of spinal function, independent of the will, serves to maintain the healthy nutrition of the limb. The case is very different, as we shall see, when a limb is cut off from both brain function and spinal function.

An apparent exception to this rule, that hemiplegic limbs do not waste, is met with in brain paralyses occurring in early life before development is complete. The wasting in these cases is apparent only, and is due to the fact that the sound limb, which is exercised, grows faster than the palsied limb, and, as it were, leaves its fellow behind in the developmental race. The practical lesson to be learnt from this fact is that, if we would prevent that distortion of the body which must result from an unequal growth and an unequal use of the two sides, the palsied limbs of children must be stimulated and exercised artificially and methodically until growth has finished. It is well to bear in mind that the amount of palsy or contraction in a hemiplegic limb may vary in degree from a maximum which those who run may read, to a minimum which leaves only a trifling degree of contraction of the flexor muscles, or a little unsteadiness in the performance of delicate manipulative acts. I have seen some eight or nine cases in which a functional trouble, such as a writing difficulty, was distinctly due to what I may be pardoned for speaking of as the dregs of a long antecedent, and perhaps forgotten, hemiplegia. Hemiplegia is not very uncommon in early life, and one must ever be watchful in after-life for the trifling effects of it.

Another, though rarer, result of brain lesion is spasm. I shall deal exclusively with chronic spasms occurring some time after the paralysing lesion, such as have been spoken of as post-hemiplegic spasm, spastic contraction and athetosis. These three forms dovetail into each other, and I think it will be profitable to consider them together. These spasms vary immensely in extent. 1. They may affect all four limbs and the face, such cases being common enough in idiot asylums. Dr. Clay Shaw drew attention to them in 1873, and quite recently, through the kindness of Dr. Langdon Down and Dr. Grabham, I have been able to inspect several such cases at Normansfield and Earlswood. The movements are almost continuous, varying in form, in the same case, within certain limits; and they are increased by attempts at voluntary acts. They are congenital or begin very early in life. The intelligence is usually not much impaired, and in idiot asylums these patients rank high in the scale of intelligence. This general spasm is common, it is said, in first born children; and very often some accident has befallen them during birth, so that they have been thought to be stillborn and have been recovered by artificial respiration, &c. Several of these children at Normansfield had an exaggerated knee-jerk when the patellar tendon was struck. In some cases there is contraction of the limbs as well as spasm. 2. In other cases this form of spasm follows an attack of hemiplegia. It is then limited to the paralysed limbs, and the arm is usually worse than the leg. Gowers has recorded one case in which there was late rigidity of the arm and spasm of the leg. 3. In cases of paraplegia from a limited lesion in the cord, with consequent degeneration in the lateral columns, there is liable to supervene a rigid state of the legs, and if voluntary power return to any extent there is a spastic spasm on attempting to move. It is in these cases that we get the most marked exaggerated knee-jerk and ankle-clonus.

Now, it seems probable that the mechanism of all these varieties of spasm is similar. In all the forms there is some amount of voluntary power, and in all there is some severance of the muscles from the will. In all, probably, there is more or less descending degeneration along the path of the will, and of this the existence of exaggerated knee-jerk is probably an evidence. Ankle-clonus and knee-jerk are probably due to a heightening of the spinal function (reflex or not), and it is certain that phenomena of this class are most easily observed in the legs whose reflex functions are more highly developed than those of the arms. In these conditions of the cord muscles are in such a state that when stretched they contract visibly. This is certainly only an exaggerated normal condition. Sir Charles Bell in his classical treatise on the hand pointed out that every voluntary movement implied, not only an active contraction of the muscles which produce the movement, but also a regulated contraction of the antagonist muscles, in order to check the movement and to prevent its being too jerky and sudden. Now, this check movement of a muscle is possibly provoked by the mere act of stretching, such as must necessarily occur in the extensors of a joint when the flexors are made to contract actively. These movements, provoked by stretching, if not true reflex movements, are in some way dependent upon the spinal cord, and in certain diseased conditions they apparently become so exaggerated as not merely to check the movements dictated by a weakened will-power, but even to cause movement in an opposite direction.

For the production of steady motion there must be a proper balance between the amount of muscular contraction caused by the will (the influence of which reaches the muscle, be it remembered, from both sides of the brain, by the crossed and the direct will-path) and the contraction caused by reflex influences and the mere stretching of the muscles. In the cases which I have been discussing one or other of the will-paths is certainly more or less blocked at its source or throughout its whole length; certain spinal functions are exaggerated, the balance of power is upset, and disorderly movement results.

It is interesting to note that these spasms occur most frequently in children, in whom all reflex phenomena are but little under control. Of the seven cases which I have seen six were congenital, or followed a hemiplegia occurring in childhood. In these children the functions of the spinal cord develop with the development of the child, while the brain damage hinders the development of the controlling

influence, and thus we get the balance of power very greatly upset.

In one of my cases of spasm, which came on seven years after a hemiplegic attack, caused by a blow on the head at the age of twenty-six, the spasm which affected the hemiplegic (right) arm, and to a less extent the leg, was in the arm of a very violent character, quite unlike the so-called athetotic spasm, and was moreover fixed and invariable in its form. The wrist was bent, and the hand violently twisted to a position of extreme pronation. There was in this case, however, evidence of a paralysis of the lower branches of the musculo-spiral superadded, as it were, to the hemiplegia. There was a characteristic prominence on the back of the wrist, impaired sensibility in the radial area on the back of the hand, and the extensors of the wrist and fingers gave degenerative reactions. The paralysis of the extensors and supinators in this case was probably quite independent of the brain lesion, and I believe it served if not to start the spasm, at all events to give it its determinate and fixed character. I have observed similar facts in at least two other cases.

Finally, I believe that the prime factor in all these forms of chronic spasm is the cutting off of the full influence of the will from the muscles, and their abandonment to other influences over which the patient has no control; that they are due, not to any active discharge from the brain, but are brought about rather because the brain fails to discharge its normal amount of voluntary stimulus to the muscles. I need not say that I do not mean to apply these remarks to transient convulsions of an epileptic type.

In one class of idiots there is observed a peculiarity of the hand which is worthy of mention, and which is said to be diagnostic of their mental condition. I saw several of these cases at Earlswood and Normansfield. The skin of the hand is soft, wrinkled like a washerwoman's, and looking too big for the hand, and the finger-tips are tapering and conical. These idiots are often the youngest children of large families. They have a fair amount of intelligence, are singularly imitative, and have the eyes obliquely set, like a Chinaman. The head is round. They never acquire a handicraft, though they are often musical. There is a high arch to the palate, the tongue is fissured, and they usually die of tubercle before puberty.

Before leaving the subject of the influence of brain lesions on the hand, I must mention a case of a child in whom was found a glioma as big as a small egg, growing from the left lobe of the cerebellum, and largely occupying the fourth ventricle. In this case, which was under my care at the Royal Hospital for Children in the autumn of 1878, there was observed the characteristic tetanic rigid conditions of the limbs usually seen in cases of cerebellar tumour in children. For the last month of life the child was continuously in a state of opisthotonos with the legs extended and rigid, the left toes strongly flexed, and the right toes strongly extended; no rigidity about the jaws. As to the upper limbs, the arms were powerfully rotated inwards so that the backs of the extended elbows looked outwards and a little forwards, while the hands with the fists clenched were so strongly pronated that the palms looked almost directly forwards.

In dealing with those spinal lesions which cause troubles in the upper limbs I shall try to avoid the repetition of well-understood facts.

The best understood spinal lesion is probably that which is characterised by "inflammation" of the front horns with destruction of its motor cells. This disease, well known as infantile, spinal, or essential paralysis, or anterior poliomyelitis, begins with a sharp febrile attack. The area of the paralysis is at first extensive, but gradually gets smaller as the patient recovers, leaving one limb, or part of one limb only, paralysed, and finally, in typical cases, a small group of paralysed muscles is surrounded by a larger group of muscles, which are merely weak. The reason for this I have already tried to explain. The paralysed muscles being cut off from every physiological stimulus, whether direct or reflex (the motor cells being apparently the path for both forms of stimulation), rapidly waste and degenerate. Sensation is perfect or, more often, the skin is over-sensitive. There are no trophic lesions, but the affected limb is always cold, and very often blue and congested. The paralysed muscles, tested with electricity, give the degenerative reactions, and sometimes, in cases which are recovering, we may find muscles, lately paralysed but paralysed no longer, which also give the degenerative reactions. This curious fact has been noticed also in some cases of lead palsy.

In the following case this phenomenon was observed.

Walter B——, a schoolboy of sixteen, was seen by me on the 3rd of this month. Three months ago, after a game of play, he had been seized with a typical attack of this disease, and at first nearly every muscle in his body was paralysed, and he was in a state of great danger. In a day or two he began to improve, and has steadily progressed. At present the legs are weak, but he can walk without much difficulty. Both arms are still partially paralysed, and their condition is almost symmetrical, but the right is rather the worst. On both sides he can move the shoulders, flex the elbows, and extend the wrist to some extent. He can flex the left wrist and digits but not the right, and on both sides there is paralysis of the triceps and of the interossei. The scapular muscles, biceps, and supinators on both sides respond to faradaism, as do also the abductor and opponens of the left thumb. The flexors and extensors of the wrists and digits, and the interossei on both sides, as well as the right abductor and opponens, give degenerative reactions, although some of these muscles (the extensor of the wrist on both sides and the left extensors and flexors of the fingers) respond to the will and are no longer paralysed.

I should mention also that I have seen hopelessly paralysed muscles, which formerly gave degenerative reactions, begin, after months of patient treatment, to respond to faradaism, but nevertheless continue to remain as hopelessly paralysed as before. Thus in this disease, under certain exceptional circumstances, we may find non-paralysed muscles giving degenerative reactions; while muscles hopelessly and incurably paralysed may respond normally to electricity.

The following case of complete paralysis of one arm is of exceptional interest from the point of view of diagnosis.

Mrs. L——, aged twenty-four, consulted me on Aug. 12th, 1880, by the advice of Dr. C. Daniel of Epsom. A fortnight previously the patient, who was pregnant, being heated by exercise, had sat with her back to an open window and had fallen asleep. Two days later she was seized with pain on the left side of the neck and scalp. There was vomiting, and the temperature rose to 102° F. There was noticed some want of power in the left arm; and after the pain subsided (in thirty-six hours) it was found to be completely paralysed, sensation remaining perfect. When first seen every movement of the arm caused pain, and there were pain and tenderness, but no swelling, up the left side of the neck. The left arm was absolutely powerless. The deltoid and pectoral muscles, and every muscle of the upper limb supplied by the brachial plexus, with the exception of the rhomboids, was paralysed, and gave degenerative reactions; sensation was perfect. There was no trophic change or change of colour, and there was no tendency for the arm to become cold. The pain soon left her. In December she was confined with a healthy child. The general health has steadily improved, and the patient has gained weight, but in spite of a daily, methodical, and most efficient galvanisation of the muscles, which I have myself seen performed upon several occasions, and the administration of mercury, strychnine, iodides and arsenic, there has not been as yet, though a twelvemonth has elapsed since the attack, any tangible improvement in the power of the limb, which is still absolutely useless. The arm has not wasted as much as might have been expected, because of the constant galvanisation to which it has been subjected. There has been no difficulty in maintaining the temperature, no trophic change, and no tendency to contraction or deformity, for the very good reason that no muscles are capable of contracting. I have been in considerable doubt as to the diagnosis of this case. The early pain, the tenderness up the side of the neck, the absence of lividity, the ease with which the temperature has been maintained, and the fact that there has been no diminution of the area of the paralysis, have inclined me to think that this is not a case of anterior poliomyelitis, but possibly a compression of the anterior nerve-roots by a rheumatic thickening of the meninges. Two physicians equally eminent for their investigation of nervous diseases have seen this patient with me; the first, in January, thought with me that the motor cells were not affected; the second, in July, with the knowledge that no improvement had taken place in eleven months, considered the case to be one of anterior poliomyelitis. I confess I am still in doubt. It is needless to say that the diagnosis of motor cell (?) or nerve-root (?) is of great importance for prognosis. The regeneration of a

motor cell is inconceivable, while the power of regeneration of conducting fibres seems almost unlimited.

For the sake of comparison with these cases I will now bring forward a case of absolute paralysis of the right arm from a bruise of the brachial plexus.

In March, 1877, Miss F. W——, aged fifty, fell down a flight of steps, alighting on her right shoulder. Shortly after the accident the arm was devoid of motion and sensation from the shoulder downwards. When I saw her three months later the arm was much wasted, the deltoid, triceps, biceps, and all the other muscles of the limb, gave degenerative reactions. The limb was absolutely useless, and sensation was entirely wanting below the middle of the forearm, and impaired elsewhere. On scratching the forearm it was noticed that vascular reaction occurred far more readily on the sensitive than the insensitive part. The galvanic current applied to the sensitive parts caused an immediate uniform redness, but on the insensitive parts it slowly produced an irregular patchy redness like a lichenous rash. The fingers were scurfy and bulbous at the tips, and the patient complained that they got hot at night. Galvanisation was efficiently and methodically applied to the arm by the patient's sister. By November sensation had returned down to the finger-tips (imperfectly). Wrist movable; hand clawed and paralysed; nails furrowed and white. During the winter the hand was covered with chilblains. In April, 1878, the arm was well, but the intrinsic muscles of the hand remained paralysed: the nails were a dead white. In July, 1878, the motion and sensation of the hand were still impaired, and the muscles of the hand gave degenerative reactions. In June, 1879, the intrinsic muscles of the hand responded to faradaism. There were glazy spots at the roots of the finger-nails; nails harsh, hard, and grooved. In June, 1880, the hand was fairly useful though still liable to chilblains, and the sensation still imperfect. I have a water-colour drawing of the hand at this time. In a letter dated August, 1881, this patient writes, "It is really quite a natural colour. Nails of thumb, first, and third fingers well; and the others much better. Performance on the piano quite grand. I can reach an octave, but cannot strike it without holding the thumb. The thumb and first finger are the worst parts, as the thumb will not go out quite far enough, and the first finger is inclined to bend back. The chilblains last winter were nothing to what they were before."

This case is one of surpassing interest, and is most instructive from the point of view of nerve pathology. First, as to the time of duration of the symptoms. The accident happened in March, 1877, and in August, 1881, her recovery, though still progressing, is yet not complete, so that it has already been protracted over a period of nearly *four years and a half*. During the whole of this time there has been a steady, slow, evenly progressing recovery, so that her improvement was recognisable from month to month. Recovery has taken place in a regular order: sensation returned first, and always preceded the return of motion; and muscles situated nearest to the trunk recovered before those which were more distant from it. At present two muscles of the hand, the abductor of the thumb and the first dorsal interosseus, alone remain paralysed. From what is known of nervous degeneration and regeneration one could hardly have expected the course of events to have been otherwise. The injury in this case was severe. The nerve trunks were probably bruised and torn by the head of the humerus, so that immediately after the accident they were completely "blocked" to upward sensory impressions or downward motor stimuli. A disused nerve degenerates along the line of function, and the motor nerves in this case rapidly degenerated from the point of blocking down to their terminations, for no stimulation could possibly reach them either directly from the brain or be reflected to them through the spinal cord. Accordingly, within a month or so after her accident, it is probable that each motor nerve had been converted into a degenerated cord some three-quarters of a yard long, as incapable of conducting stimuli as the skin, fat, or connective tissue. Now, as the degeneration of a nerve takes place from trunk to end, so its regeneration takes place in the same direction, for there can be no regeneration unless physiological or artificial stimuli reach the point to be regenerated. Motor stimuli, both direct and reflex, impinging against the block, gradually induce molecular regeneration and the power of conducting stimuli, and thus little by little, as the stimuli are able to travel further, we get a complete regeneration of the nerves (a process which, in this patient, has already taken four and a half years). It is quite inconceivable that the stimulus which seems necessary for the regeneration of a nerve should be able to pass by any unregenerated portion. One might as well expect the makers of a well to begin their work in the middle. Just as a well has to be tediously bored, so is a degenerated motor nerve slowly opened for the traffic of stimuli from above. Provided stimuli can reach the nerve the power of regeneration seems almost unlimited, and, indeed, when pieces are cut out of a nerve trunk the severed ends seem capable of worming their way, as it were, towards each other, and eventually effecting a junction in spite of every adverse circumstance. It seems probable that the bulbous ends in amputation stumps must be looked upon as an overgrowth due to the arrival of stimuli in the stump of the nerve, which are unable to produce their proper physiological effect. Bulbous nerve ends, according to Weir Mitchell, are physiological rather than pathological, and are almost invariably present in stumps.

The earlier return of sensation in all cases of nerve injury is due to the following facts: 1. That the sensory branches from the periphery to the obstruction are not deprived of their natural stimuli, and presumably do not entirely degenerate, and are consequently ready to resume their full functions directly the obstruction on the up-path is removed. 2. That in the parts above the block the incidence of impression of various kinds probably serve to keep up in some degree the healthy condition of the nerve; it is, in short, next to impossible to deprive a sensory nerve of its natural stimuli. 3. That, owing to the anastomoses which exist between sensory nerve branches, impressions have the power to some extent of choosing the path of least resistance. Hence, happily, it results that sensory impressions, so important for the nutrition of the limb, are able to produce their physiological effects in spite of very serious injuries.

A few words as to the trophic troubles observed in this patient. These were of three kinds: 1. Muscle-wasting. 2. A sluggishness or absence of vascular reaction when the skin was stimulated. 3. Scurfiness of the skin, loss of nails, and a tendency to chilblains.

Why does it happen that muscles paralysed from a brain lesion scarcely waste at all, while those paralysed from destruction of the motor cells of the cord or from injury to a nerve trunk rapidly waste and degenerate? Because in the first case physiological stimuli still reach it through the cord, while in the second case it is completely cut off from every source of physiological stimulation. So long as a muscle be stimulated it will maintain its size, no matter whether the stimulus come to it from the brain along the will-path, or from the surface or deep parts along the path of reflected impressions, or be artificially applied to it by means of a galvanic battery. If, on the other hand, a muscle be cut off from all sources of stimulation, it will waste. I do not, of course, mean to say that there may not be other causes for muscle-wasting, but I have never encountered an exception to the rule I have enunciated.

With regard to the trophic changes I speak with less confidence, but I must express my absolute disbelief in the existence of special trophic nerves; and we clearly ought to exhaust every possible explanation before we proceed to do what is far too common in nerve pathology—viz., to give "to airy nothings a local habitation and a name." I believe that tissue changes other than muscle wasting are often due to the cutting off from the vessels which supply those tissues those physiological stimuli which produce the contraction and dilatation of the vessels, and thus exercise a local control over them. Every paralysed limb is deprived of one important aid to circulation—viz., the muscular contraction, which is a material aid to the circulation, especially in driving the blood towards the heart. Every paralysed limb must therefore be at a nutritive disadvantage, but yet in hemiplegic limbs whose connexions with the spinal cord are normal no trophic changes usually occur, except a little congestion. When the motor cells of the cord are alone destroyed, no trophic changes occur. When a mixed nerve is destroyed, trophic changes are very liable to occur to some extent. When the posterior roots and sensory paths of the cord are damaged, trophic changes often occur, as witness the joint affections and occasional zones of locomotor ataxy. When a purely sensory nerve, such as the fifth, is damaged, trophic changes are common, but not invariable; their occurrence, according to some, depending upon the implication or otherwise of the Gasserian ganglion.

Now, in the case we have been considering there were trophic changes. There was impaired vascular reaction on stimulating the insensitive parts of the limb, and it is toler-

ably certain that cutaneous impressions were not reflected to the vaso-motor nerves of the limb. The local circulation was therefore cut off from the stimulus of muscular motion and from the stimulus of cutaneous impressions. It must not be forgotten, however, that impressions made upon one limb seem capable of being reflected to the vessels of the other, so that impressions made upon the left arm and other parts of the body were probably able to reach the paralysed limb. This fact is very suggestive of the importance which it is in the animal economy that cutaneous impressions should reach the vaso-motor nerves. A sensory impression is felt, if I may be allowed the expression—(1) by the brain; (2) by the muscles being reflected to them by the spinal cord; (3) by the vessels being reflected to them by the cord or the ganglia on the posterior nerve-roots. It must be remembered that conceivably any one of these paths for sensory impressions may be blocked, while the other two may remain open; that any two may conceivably be blocked, or that all three may be blocked. The question is very complicated and very difficult to study. The dependence of nutrition upon a due connexion between the sensory and vaso-motor nerves combined with muscular motion seems to me extremely likely. Its absolute proof or disproof seems almost impossible.

I have to express my thanks to my friend Dr. Harrington Sainsbury for much assistance in looking up foreign authorities.

HÆMORRHOIDS OR "PILES."

BY JOHN GAY, F.R.C.S.

(Continued from p. 387.)

I HAVE maintained that an analogy exists between rectal hæmorrhoids and varicose disorders in the lower limbs, and have now to make good, if possible, the grounds on which I go still further and submit the existence of an homology between the special anatomical arrangement of the vein system in every part of the animal economy. And the general proposition, I submit, is—that as in the limbs so in the rectum, and, indeed, throughout the whole body, the vein system is, as I have often said, dual, consisting of a deep axial, or, in relation to structures, a muscular set or system of veins, and another, a collateral or compensatory system, which, in relation to structures, is dermoid or mucous. Veins of the first order contribute the channels which convey the steadily flowing or main streams, whilst those of the latter convey the rills which feed them. The first are bound within certain limits as to capacity, which they cannot easily exceed, and are liable to very little variation in their plans and respective courses, whilst the latter offer every variety in these respects, and have almost unlimited means of accommodation to contingencies, either by dilatation of their coats, or a thousandfold and more multiplication of their vessels if needed. These are typified by the saphenous, the former by the crural or femoral vein, whereas their mutual relations and interdependencies are everywhere the same. The *main* or *axial veins* are, in relation to the arteries, as a rule, comitial, whilst the *collateral* are solitary. The former of these have no outlet for the blood that has once reached them but by an onward or centripetal flow, and but very little permissive reflux; whereas the latter allow a considerable extent of ebb and flow movement, and by elaboration into a network of channels will permit the blood, as it were, to ramble on and delay its final absorption by the former or axial streams, until these are in a condition to receive it, often running long distances, even from the digital tips to the heart. Thus the risk of strained local blood-tension is averted, and uphill currents are enabled to make their way against the most formidable obstacles to their destination. I can only refer to a special illustration or two of the subject I have thus entered upon.

Now, the upper hæmorrhoidal veins belong to that class which I have just referred to as "main" or "axial," whilst the lower belong, in like manner, to the other—the dermal or mucous. Thus the former, the superior hæmorrhoidal, as well as their allies, such as the uterine, vesical, prostatic, are in direct communication with the common iliac—an axial or muscular vein; whilst those of the lower hæmorrhoidal and vaginal, the most prominent of this especial series, diverge into the portal through the mesenteric, and through these and the hepatic veins into the cava. Another set of veins is thus brought into prominence, to which no other import has been attached than that they belong to their own—viz., the portal, but which really belong to the compensatory or dermal, as homologous to the saphenous and the subcutaneous or mucous system generally.

Thus is it that in mammals, for the most part, as I learn from our best authorities, including, I think, Mr. Huxley, the axial or systemic veins transmit a portion only of the blood from the posterior segment of the body, and that chiefly from its muscular structures; whilst that from its corresponding dermoid textures passes into and through the azygoids, which, in some instances, receive a renal azygoid branch. Moreover, the azygoid system in the lower animals is said to be the outcome of the anterior *cardinal* veins, whilst the posterior become the innominate, and therefore a portion of the axial system. The hepatic portal, and the renal portal where it exists, as well as the veins of the chylopoietic viscera, must therefore be looked upon as veins of the dermoid or compensatory class, which, as they pass through important organs, not only have the same help from their retiform and capillary department that their transpelvic quasi-homologues have, but every other aid that can be given them in fulfilment of their transmitting function—e.g., contractile vein force in some animals, and additional communication with the ductus venosus in others. Moreover, portal retrograde injection fills exclusively its tributaries, but these to the remotest venule; and I may add, *en parenthèse*, that, owing in great measure to the protective influence of Glisson's capsule, the portal veins are very rarely found obstructed in any degree from the most enervating forms of hepatic disease—such, for instance, as cancer or cirrhosis. (See specimen in the College museum.) In applying this view to the subject under consideration it will be seen that there is a free course for the blood of the hæmorrhoidal affected veins, as well as that of their allies, back to the heart from the establishment of an abundant compensatory to the main system. It is, however, barely possible (although the phenomenon is easily explained without this resource) that, from the portal as well as the renal system, disturbance to the *lower* hæmorrhoidal might accrue. In such cases, however, it results in œdema, and in varicose disorder only then in accordance with the like consequences from analogous disturbance in the transpelvic limbs. And this is in keeping with what has been said with respect to the hæmorrhoidal veins, which are strictly dermal or mucous, the blood of which passes through the liver, in part by the hepatic, and in part by the portal, veins, but in the greater through the hepatic lobular plexuses and the solitary veins (hepatic) to the systemic cava.

I cannot here enlarge upon this interesting topic; but it is capable of further illustration from the works of other writers (I allude specially to the Atlas of Klein and Noble Smith), from which I think it is tolerably clear that the hepatic and portal veins form a portion of the compensatory series to the cavæ, and are therefore functionally allied to the superficial veins, typified by the saphenous. The bearing of these remarks upon the subject under review is that there are no anatomical grounds on which hepatic disease or, indeed, disease of any of the organs of the trunk, interposed between the rectum and the heart, may be said to be specially favourable to the production of rectal hæmorrhoids.

I now proceed to some remarks in practical application of the foregoing; but in order to do this I must summarise the main anatomical facts, upon which I design to base them. It is said that Copernicus died from hæmorrhage through piles; an assertion which, whether it was really so or not, has gone far to brand this class of disease with a stigma it does not deserve. At all events, "piles" are not at all the more formidable on that account; and whatever forms they assume, it is rarely the case that they need be regarded as otherwise than comparatively trifling maladies.

The lower hæmorrhoidal veins take the blood from the skin, in the vicinity of the anal outlet, and from the rectal mucous and related tissues, and, in passing, their primary streams traverse the extremely vascular stroma which I have described as the anal plexus (Fig. 3, *a a a*); out of it venules take their rise. Now, these consecutive sets of veins, and the branches to which they lead, form the seats respectively of the several forms by which I have endeavoured to distinguish hæmorrhoidal swellings. The existence of the first two is abundantly testified to in our museums, whilst that of the last derives its support chiefly from clinical observation, but is not wholly unsustained by other not less cogent,

and even objective, proof. These forms of hæmorrhoidal disorder may be classed, on the foregoing grounds, as—

1. Anal or plexiform varicosity.
2. Hæmorrhoidal varix—saccular or erectile,—the true pile.
3. Hæmorrhoidal varicosity, or the varicose hæmorrhoidal vein.

The first of these forms displays itself as a tense and well-defined welt, which, during life, appears as a well-defined bluish cord at the extreme verge of the anal aperture. As it is usually associated with "piles" of the second class, and lodges them within its areolar tissue, so these often give to it a slightly uneven or serrated contour. The swelling of the third variety occupies the larger hæmorrhoidal branches, and betrays itself in those large bloated veins which are often seen, in hæmorrhoidal persons, running up the bowel and bearing with them a very forbidding aspect. These are, however innocent, frequent in persons who are obese and otherwise of lax fibre and gouty diathesis. They are very liable to end spontaneously in thrombosis, and are usually the offspring of acute piles. In their ordinary course the hæmorrhoidal currents have especial difficulties to contend with, such, for instance, as the feeble support which their vein coats receive from surrounding tissues, columnar pressure, and, it may be, from the want of that distributing function which valves in veins possess in relation to the blood. Still, under normal conditions, these impediments are readily overcome, and the course of the streams to the heart, through the hæmorrhoidal as well as their cognate vein plexuses, is naturally made secure without risk of hindrance, except under exceptional circumstances. And this remark applies even to the smaller streams, the velocity of which is known to be very slight.

(To be concluded.)

NOTE ON THE RELATIONS BETWEEN SYPHILIS AND LOCOMOTOR ATAXY.

By JULIUS ALTHAUS, M.D., M.R.C.P.,
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THE question whether syphilis should be looked upon as a frequent, or indeed the principal, cause of locomotor ataxy, has recently been much discussed, most of the French and English observers being strongly in favour of this view, while our German *confrères* have expressed the contrary opinion. I therefore wish to add some of my own experience in the etiology of ataxy to the facts already published, and have with this view analysed a thousand consecutive cases of nervous affections which have been under my care in private practice, with the object of discovering the part which syphilis has played in their causation. Amongst these thousand cases there were—206 of epilepsy; 101 of neurasthenia, or nervous exhaustion, without evidence of substantial lesions of the nervous system; 77 of hemiplegia owing to cerebral hæmorrhage or softening; 51 of neuralgia; and 32 cases of ataxy with fully developed symptoms; the remainder of the cases being such as hysteria, infantile paralysis, local paralysis, muscular atrophy, anæsthesia, chorea, tumour of the brain, impotency, paralysis agitans, torticollis, &c. In 29 out of the 32 cases of ataxy there was a syphilitic history; and in these 29, secondary symptoms had occurred in 28, while in one of them there had been a soft chancre and a bubo, but no secondaries.

These results are certainly startling, as they show a percentage of 90·6 in favour of the syphilitic origin of tabes dorsalis, which is higher than that found by Gowers (70) and Erb (67). They become even more striking on being compared with the percentages found for the other nervous affections, inasmuch as of 206 cases of epilepsy only 10, of 101 cases of neurasthenia only 12, of 77 cases of hemiplegia 5, and of 51 cases of neuralgia only 2, had been preceded by syphilis. The percentages are therefore as follows:

Ataxy was preceded by syphilis in	90·6	per cent.		
Neurasthenia	„	„	„ 11·8	„
Hemiplegia	„	„	„ 6·2	„
Epilepsy	„	„	„ 4·8	„
Neuralgia	„	„	„ 3·9	„

There were 6 additional cases in which paralysis of the ocular muscles, shooting pains, and sexual debility rendered it probable that sclerosis was developing in the posterior columns of the cord, and in 4 of these there were syphilitic antecedents. These cases, however, were lost sight of before the symptoms had become unequivocal; and, as they all occurred some time before the loss of the patellar tendon-reflex was utilised for the diagnosis of this disease, I think it better to exclude them. Yet it is a significant fact that in 4 out of these 6 doubtful cases syphilis should have previously occurred, giving a percentage of 66·6. If we were to add them to the fully developed cases, the percentage of the whole would amount to 86·8.

With regard to the interval which had elapsed between the first symptoms of syphilis and of tabes, it was found that the former had preceded the latter upwards of twenty years in 2 cases, between ten and twenty years in 7 cases, between two and ten years in 19 cases, and eighteen months in 1 case. Amongst the 3 cases in which there was no history of syphilis, the affection was attributed in one to an operation for piles, in another to an accident in a tramcar, and in a third to exposure to wet and cold. The age at which ataxy became developed was from twenty-one to forty-five, and all the patients were males. It is to this latter circumstance that I attribute the higher percentage of syphilitic antecedents in my cases, as ataxy in women is generally not preceded by syphilis. In all my cases, one or another of the ordinary causes of ataxy, such as accidents, over-exertion, combined with the influence of wet and cold, and sexual or alcoholic excesses, were mentioned as having led to the outbreak of the complaint.

An overwhelming numerical testimony is thus clearly exhibited in favour of the view that tabes is habitually preceded—I do not say produced—by syphilis. But the real question at issue is whether syphilis is the originator of ataxy, or merely an accidental concomitant of it. The length of time which had generally intervened between the outbreak of the two diseases does not speak against their standing in the relation of cause and effect. Sir Benjamin Brodie met with an accident while riding on horseback in 1834, dislocating his right shoulder, and he eventually died of cancer which had become developed in the same joint in September, 1862, which gives an interval of twenty-eight years between the injury and the consecutive disease. It would not be difficult to multiply such examples. Other considerations, however, serve to show that ataxy is a disease *per se*, which occurs without any syphilitic taint whatever, but which may, like so many other diseases, be imitated by syphilis under cetain circumstances.

1st. Tabes has unquestionably existed in Europe long before the first appearance of syphilis in this quarter of the globe.

2nd. Numerous cases of ataxy are on record, more especially as having occurred in women, where no syphilitic affection whatever had preceded it.

3rd. Ataxy is not a common or inevitable consequence of syphilis, as, for instance, roseola or sore-throat, but only appears to become developed in the syphilitic, if they have the neurotic constitution, and of other causes, such as accidents, excesses, and the influence of wet and cold, &c., have also been active.

4th. Treatment by iodide of potassium, even if used perseveringly and in large doses, is only exceptionally useful, even in cases with a pronounced syphilitic history, while the exhibition of nitrate of silver, ergot, the continuous galvanic current, nerve-stretching, and general remedial measures which have the tendency to improve the condition of the central nervous system, but which have no influence on the syphilitic diathesis, are frequently productive of beneficial results.

5th. The same disease—sclerosis—occurs in the lateral colums of the spinal cord, more particularly in young women who have never been exposed to venereal infection.

6th. Syphilis may, however, imitate ataxy (to use an expression of Mr. Jonathan Hutchinson), just as it imitates iritis, lupus, rodent ulcer, and other diseases. Clinically the symptoms of syphilitic and non-syphilitic tabes appear to be identical. That ataxy should be so frequently associated with syphilis is probably owing—first, to the fact that syphilis, like masturbation and other excesses and irregularities, deteriorates the nutrition and power of resistance of the central nervous system; and second, and more particularly to the specific tendency of the syphilitic virus, to lead to low forms of local inflammation, which, when once established, are apt to spread in certain definite paths. Where this kind of inflammation attacks the posterior root-

zones of the spinal cord, it will produce the clinical aspect of locomotor ataxy, being aided in its development and further progress by the natural tendency of spinal disease to invade symmetrical and homologous anatomical and histological portions of the organ.

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CASES IN COUNTRY PRACTICE.

By WILLIAM PRATT, M.D., F.R.C.S.,
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SOME years ago Mr. Holden, in a clinical lecture at St. Bartholomew's Hospital, remarked that the country medical man ought to be the most accomplished of all practitioners, inasmuch as to him it fell at one time to tie an artery, at another to manage a placenta prævia, and at a third to treat a pneumonia. No words could be more true. Metropolitan practitioners, accustomed to easy consultation and to the frequent aid of specialists, cannot understand the anxieties and responsibilities of their provincial brethren, who oftentimes, unaided and uncounselled, must grapple with the most formidable accidents and the most unmanageable diseases.

CONVULSIONS WITH SOMETHING LIKE MISSED ABORTION.

Early in the morning of the 4th of January, 1881, I was requested to visit in all haste Mrs. P——, living about half a mile off. She had had a "fit." On arriving at the house I found Mrs. P——, a young woman of about twenty-five years of age, lying in bed in a semi-unconscious state; pulse good; temperature normal. She could say "yes" or "no" when addressed in a loud voice, and could swallow, but with difficulty. The history given by her husband—an educated and most intelligent man—was that Mrs. P—— was enceinte for the first time (about three months); that she had felt well till yesterday morning, when she complained of squeamishness and headache; that she had gone to tea at a friend's in the evening, where she had partaken of some light cakes; that she had retired to bed without supper, feeling unwell; that she had slept ill, and that about seven in the morning of the 4th he—her husband—had been awoke by hearing some strange hissing sounds proceeding from his wife; when jumping up he found her writhing in a decided convulsion. The bowels were thought to be regular, as were the functions of the kidneys.

It was difficult to make out the exact cause of the convulsions. Was it gastric, or puerperal, or uræmic? I inclined to the last supposition, although I could get no urine to examine, and there was no œdema of any part. I ordered the patient's feet to be put into a hot mustard bath, and her head and face to be sponged from time to time with cold water, and I prescribed a draught which was to be taken at once. The draught was chloral hydrate and bromide of potassium, thirty grains of each, in an ounce of sweetened water. I returned to the patient in about two hours, found that my instructions had been promptly carried out, but was informed that she had had three or four severe fits in my absence. I now gave her an enema of castor oil, repeated the draught and ordered her to be kept perfectly quiet, with the head and shoulders raised and cold-water cloths constantly applied to the former. I returned in about three hours, and was told that the patient had had half a dozen fits at least. I now found her in a perfectly senseless condition, breathing heavily but slowly, jaws firmly clenched, skin moist, pulse good. She also moaned almost constantly as if in some pain. The bowels had not acted. I had not been five minutes in the room before she went into a violent convulsion. It was quite typical, lasted nearly half a minute, and affected the respiration so much that she became almost black in the face and the relatives expected her instant death. Putting my hand upon the abdomen I could just feel the uterus above the brim of the pelvis. It was as hard as a ball, in evident contraction. I fully expected abortion would ensue. I mentioned it to the husband as a likely event, and a thing to be desired, as it would put an end to the fits. I repeated the enema, to which I then added two drops of croton oil. Whilst administering this injection I carefully introduced my finger into the vagina, which I found hot, the os slightly soft but not in the least dilated nor dilatable, the uterus a little heavy, as if at the third or fourth month of pregnancy. No discharge of any sort whatever. I also personally gave to the patient the same draught as before, introducing it teaspoonful by teaspoonful into the mouth by means of a gap where a couple of molars had been extracted. She swallowed it but slowly. She had now had altogether ninety grains of chloral and the same quantity of bromide of potassium. I may mention here that on each visit I had carefully examined the hypogastric region to see if I could obtain any urine from the bladder. It was each time empty. The urine was voided involuntarily during the convulsions.

I now left my patient with sufficiently gloomy forebodings, the more especially as I could not arrive at the exact cause of the convulsions. I thought of putting and keeping her under chloroform; but that, with my many other patients, was impossible. I thought of venesection; but if the patient died I should then certainly be accused of killing her. A surgeon, not far from here, was lately dragged before a coroner's court because he had bled a patient in convulsions, and she had died shortly after. I therefore rejected the bleeding in favour of dry cups to the loins should the fits continue. On my evening visit I found that my patient had had several convulsions, but they were said to be lighter. Also the bowels had acted freely. The general condition was unaltered, the patient lying in a perfectly unconscious state, and moaning frequently. In the middle of the night I was roused from my bed, and told that Mrs. P—— was much worse, that the fits had returned with increasing violence, and that she was rapidly sinking. On my arrival at the house I found that the news was not quite correct. Mrs. P—— was about the same; but inasmuch as the convulsions had been numerous I at once applied dry cups to both loins, and followed this application with a hot linseed-meal poultice, sprinkled with dry mustard. In the morning I found my patient somewhat better; she had had several convulsions, but the general condition was good, and she could swallow decidedly better. The bowels had also acted again very freely. She was, however, still quite insensible. I took advantage of the better swallowing powers, and repeated the draught, and ordered some mutton broth to be given to her. During the whole of the 5th she remained unconscious, having convulsions from time to time, but less frequent and less severe. She was swallowing every hour better, and taking sufficient nourishment. During the night she had only two or three convulsions, sleeping in the intervals constantly and heavily, and moaning much less. About seven o'clock on the morning of the 6th she had her last convulsion. I paid my visit about nine. When I approached the bed and spoke to her she opened her eyes, and half recognised me with a smile. She was conscious. She slept all that day, only waking up when requested to take food, which she did easily and sufficiently. The next day she was well, with the exception of much weakness. At the very first opportunity I obtained a little urine, but it yielded only the faintest trace of albumen. In every other respect it was normal. On the next examination even that trace of albumen was gone. There was not the least discharge of any sort from the vagina. It was as difficult as ever to be sure what had been the exact cause of the convulsions; but thinking they might have proceeded from the alimentary canal I hoped that the pregnancy would go on. However, in about three weeks the husband called to tell me that his wife was growing decidedly less, and hinted that surely we had all been mistaken about the pregnancy. I begged of him to wait a little longer before coming to any conclusion. A fortnight further on he called again, and assured me that his wife's size was rapidly diminishing. His wife thought the same thing. I called myself the next day, and on examination found Mrs. P—— much less. The thing was now clear. The fœtus had died during the convulsions, but had been retained in the uterus. This I explained to the husband and wife, and begged of them to wait and watch. They understood, and were contented.

On the 24th of February I was requested again to visit Mrs. P——, and informed that she had become "poorly," and was suffering considerable pain of an expulsive character. I now thought that here was to be an expulsion of the dead fœtus. Sure enough on reaching the house and examining the patient I found a dead fœtus lying in the vagina, retained by the placenta, which required a few more pains for its detachment, when all came away, and Mrs. P—— was in a few days perfectly well.

The expelled fœtus was about four months old. The

sexual organs could just be differentiated. It was a male. It was shrunk and shrivelled, but not in the least decomposed. It was contained in the bag of membranes entire, which also contained a little amniotic fluid, muddy but without any smell. The placenta was fresh and bled feebly. It had been evidently attached to the uterus, but had undergone manifest fatty degeneration.

The mother said that according to her calculation she ought to have been about six months pregnant. The fœtus was clearly only four months old. It had therefore been retained nearly two months after death in the uterus before it was expelled.

To what now attribute the convulsions? To the kidneys? The urine after the first examination was perfectly normal in every respect. It was impossible to suspect kidney disease. To the alimentary canal? The mother said that her digestion was always excellent, and that she never suffered from indigestion or constipation. Most likely the fault was in the uterus, which, refusing to grow with the growth of the fœtus, became irritated, the great nervous centre became irritated in turn, and exploded in convulsions, which ended only when the fœtus, dead and shrunk, ceased to press injuriously upon the womb. It is true, however, that convulsions occurring at such an early period of pregnancy and dependent upon the uterus are rare. Playfair in his excellent book does not speak of such convulsions. Murphy in his "Midwifery" says that convulsions of the true puerperal kind may occur during pregnancy, but he enters into no details. Caseaux in his very superior "Traité des Accouchements" has the following sentences:—"Cette maladie—l'éclampsie—est très rare dans les premiers mois de la gestation. M. Danyau père a eu cependant l'occasion de l'observer chez une jeune fille arrivée seulement à la sixième semaine de la grossesse, et chez laquelle l'extraction de l'œuf put seule faire cesser les accidents. A une grossesse suivante et au même terme, l'éclampsie survint encore et fut suivie de la fausse couche; mais cette fois les accès persistèrent encore quelque temps après l'avortement." But even that case is not similar to mine. As far as my reading goes the foregoing case is unique. True puerperal convulsions occurred at the fourth month of pregnancy. They ceased when the fœtus was killed. The fœtus was afterwards quietly retained in the womb for two months, when it was quietly expelled without a bad symptom.

As to treatment, I believe that the free intestinal evacuations, and the large doses of hydrate of chloral and bromide of potassium, moderated the convulsions, which, however, only gradually ceased with the death and reduction in bulk of the fœtus.

(To be concluded.)

CASES OF OVARIOTOMY PERFORMED UNDER "MODIFIED LISTERISM."

BY GEO. GRANVILLE BANTOCK, M.D., F.R.C.S. ED.,
SURGEON TO THE SAMARITAN FREE HOSPITAL.

AT a time when "Listerism" is still *sub judice*, it has appeared to me desirable that I should lay before the profession the results I have obtained recently, under what, for want of a better name, I may be allowed to call "modified Listerism." What I mean by this term is that I follow all the manipulatory details of "Listerism" during the operation, but that for the spray, &c., I use plain water instead of what is supposed to be a germicide solution of carbolic acid. The instruments are kept covered in trays with warm water, the hands and sponges are washed with the same, and a spray is made to play *over*, but not *upon* the abdomen. I draw particular attention to the mode of using the spray. Previous to October last it was directed upon the abdomen from the right front, so that whenever the parietes were lifted up the cold acid vapour was forced into the cavity from a distance of about four feet. I could not avoid the conviction that this continuous blast of spray, passing freely as it did over all the parts exposed, produced a very decided cooling effect. This result I had often experienced on my own hands. The powers of the patient were thus inevitably depressed, and an unnecessary and injurious amount of carbolic acid was thrown upon the peritoneum. Now, following the example of Dr. Keith, the spray producer is placed at a distance of eight or ten feet behind and to the left of the patient, so that the spray passes over, but does not fall upon the field of operation, except in very minute quantity, and without any cooling effect. In this way the peritoneal cavity, in sponging out or looking for bleeding points, is left untainted, and the patient is not chilled. I may add that I never use the spray for dressing after the operation, even in drainage cases.

It may be in the recollection of some that at the time of the reading of my paper before the Royal Medical and Chirurgical Society, I stated that I had already reduced the carbolic solution to 1 in 100, and I intimated that in consequence of the improved results I had obtained, I should probably dispense altogether with the phenol. After employing this solution in twenty cases, with only two deaths—one from shock and the other from acute uræmia—and with a diminished pyrexia among the recoveries, I performed two ovariotomies, and a combined oöphorectomy and hysterectomy with a further dilution of the solutions to 1 in 150. These cases proving still more clearly that I was moving in the right direction, I fairly threw aside *all* the acid, and resorted to the pure water method I now follow, with what results the following cases show.

CASE 1.—M. A. S——, aged fifty-eight, mother of seven children, was admitted on the recommendation of Mr. Jonathan Hutchinson. The operation was performed on Feb. 9th, 1881, and lasted fifty-five minutes. The tumour weighed 30 lb.; there were twenty-eight pints of colloid free in the peritoneum, and so adherent that it was impossible, after a great deal of scooping and sponging, to get the peritoneum anything like clean. I therefore put in a drainage-tube. In the course of seventy-two hours, this gave exit to about six ounces of a mixture of bloody serum and thin colloid, containing no bacteria. When the drainage-tube was removed the lower two inches were found blocked with colloid. The highest temperature registered was 100° for about two hours, and it was normal in eighteen hours. A few hours after the removal of the tube the temperature rose to 100·6°, but fell again to normal in a few hours more. From that time the recovery was uninterrupted. In the case of five of the abdominal sutures, the ends were cut off short, close to the knot, on the eleventh day, and the knots were allowed to sink in (the loops were drawn rather tight), and the skin closed over. This was an experiment with the silkworm-gut, now frequently repeated, and the loops completely disappeared.

CASE 2.—M. G——, aged forty-eight, mother of six children, sent to me by Mr. Cheatle of Burford, was admitted on Feb. 4th, 1881. Operation on Feb. 10th, lasting one hour; some thin mucine colloid free in the peritoneum, which was much injected, and the tumour ruptured while being extracted, allowing a large quantity of thick viscid fluid to enter the cavity. There were some very vascular adhesions to the parietes, close to the liver. A long time was spent in sponging out the cavity, and the already congested peritoneum was necessarily much irritated. The large fleshy, broad pedicle (right side) was transfixed and tied in three portions, and one of the ligatures was finally used to encircle the whole. A sponge left in Douglas's pouch for a few minutes was taken out and found to be charged with bloody serum, and I put in a drainage-tube six inches and a half long. Highest temperature 100·2°; normal in thirty-six hours. The tube was removed in seventy-seven hours, after giving exit to about eighteen ounces of bloody serum. The last portion examined under the microscope was found to contain a few micrococci, but no bacteria. Recovery uninterrupted.

CASE 3.—M. F——, aged fifty-eight, mother of seven children, admitted on February 10th on the recommendation of my colleague, Dr. Wynn Williams. Operation Feb. 16th, lasting eighty minutes. Tumour weighed 12 lb.; extensive omental adhesions, requiring three portions to be removed after ligature. This was the most difficult operation I ever encountered, owing to the amount of fat (four inches) in the parietes. Thirteen hours after the operation the temperature had risen to 102·8°, though the pulse did not exceed 104. The nurse then put the ice-cap on. In the morning I found the temperature had risen to 104·2°, and the skin had ceased to act, yet the pulse did not exceed 104. A few hours afterwards, finding the conditions the same, I ordered the ice-cap to be removed, and the temperature steadily fell to 99·2°. On the seventh day she had so far progressed that she was removed to the convalescent ward. There she continued to

do well until, a week afterwards, she was seized with an attack of bronchitis, which proved fatal on the thirtieth day.

CASE 4.—M. W——, aged fifty-two, married, but sterile, admitted Feb. 21st. I had operated on this patient three years before, under thymol spray, removing a recently inflamed ovarian tumour with extensive adhesions, and I had to use a drainage-tube. She made a very good recovery, and continued well till about three months before her admission. Though she then complained of some discomfort, Dr. Cocks of Buntingford could not detect any tumour. Six weeks later she could feel a small tumour, as she thought, in the left side, and Dr. Cocks confirmed the existence of a tumour. It was now growing rapidly. The operation, on Feb. 22nd, lasted one hour. The tumour weighed 14 lb., with very extensive vascular adhesions to parietes, omentum, and in the pelvis. There was nothing to indicate that a drainage-tube had been used in the former operation. The tumour was found to spring from the same side as the former by a short thick pedicle, about two inches broad. I secured it as low down as possible by two transfixing ligatures, one of which finally encircled it. There was intense congestion of the peritoneum, and the more I sponged the more it seemed to throw out bloody serum. Under these circumstances I put in a 6½-inch drainage-tube. Seventeen ounces of bloody serum were obtained in nineteen hours, and in all twenty-nine ounces in 114 hours. On the fourth day the temperature *once* reached 101° F., but when the tube was removed it was only 98·8°. For the greater part of the time it was under 100°. The patient was out of bed on the twenty-fourth day, and left the hospital on the thirty-first day. A week later she had improved very much, and was regaining flesh. The ultimate result, however, is not promising. September 12th: The patient continues well.

CASE 5.—C. S——, aged forty, single, was admitted on March 3rd. She had been tapped six years previously in one of the general hospitals, and had been under my observation for several years. The tumour, of the size of an adult head, had remained almost stationary. Latterly, however, she had complained of more pain and tenderness, and I advised her to have the tumour removed. Operation on March 5th, lasting eighty minutes. There was great difficulty in getting through the parietes owing to the excessive vascularity and thickening of the tissues, every cut of the knife appearing to open a fresh vessel, especially at the lower half of the wound, so that I soon had half a dozen pairs of forceps hanging on. I therefore went on with the upper half, and then succeeded in getting through the peritoneum. Passing in the finger I broke down the adhesions below, and completed the incision with the scissors. In breaking down the adhesions I broke into the cyst, and some of the thick viscid fluid escaped into the peritoneum. The opening into the cyst was now enlarged, and about two pints and a half of fluid evacuated, and the tumour was extracted, presenting a slender twisted pedicle from the right side. This was transfixed with a single silkworm-gut, with which both sides were tied, and the whole afterwards encircled after cutting away the tumour. After thoroughly sponging out the peritoneum my attention was directed to the bleeding points at the lower angle of the wound, and I was obliged to ligature three bleeding vessels, using fine silkworm-gut; the ends were cut off short. There was still some bleeding going on, and in my search for the vessels I observed a peculiar rounded opening with a smooth interior. This I found to be an opening into the bladder capable of admitting my finger, with which I satisfied myself that it was really the bladder. I had already noticed a clear fluid at the lower angle of the wound, which I took to be water that had dropped from my hands and collected from the spray, but was then convinced was urine. The opening into the bladder, which was situated on the left face of the wound, and about half an inch above its lower angle, was now closed by a continuous suture of silkworm-gut, which did not include the mucous membrane. I trusted to the abdominal sutures to control what oozing still went on, and I closed the wound. When the patient was placed in bed an elastic catheter was introduced, and to it was attached a yard of india-rubber tubing, which conveyed the urine into a bottle containing about three ounces of a solution of sulphurous acid (1 in 10). In twelve hours the temperature had risen to 102°, at which it remained for an hour, and then slowly fell until it had become normal in sixty-three hours. In the first twenty-four hours a pint of urine had run into the bottle. Next day the catheter was withdrawn, as it was observed that no urine had been running for two or three hours, and the tube or catheter was found to contain a small piece of coagulum. A fresh catheter was introduced, and half a pint of urine was drawn off, and the nurse was then instructed to empty the bladder every two hours. On the following day the catheter was used every four hours, and on the eighth day the patient passed her urine for the first time; but the catheter had still to be used occasionally for several days more. On the seventh day the urine smelt rather strong. In two days more, under a mixture of muriatic acid and buchu, it was again healthy. The sutures were removed on the tenth day, the wound being then quite healed, and free from any irritation. A small quantity of blood had got shut in at the lower angle of the wound, and it was discharged on the fifteenth day without any local or constitutional disturbance, and quite inodorous. The cavity was washed out with a solution of sulphurous acid, and in a few days more it had closed. The patient left the hospital for a convalescent home on April 4th.

(To be concluded.)

ON

ADHERENT PERICARDIUM OF RHEUMATIC ORIGIN, WITH CASES.

BY A. G. BARRS, M.B. EDIN.,
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IT is a somewhat remarkable circumstance that, though most modern writers upon systematic medicine, and those who have turned their attention especially to cardiac pathology, give more or less place to the lesion of which this paper treats, very few have been able to give a definite opinion of the part, if any, played by adhesions of the pericardium to the surface of the heart in the production of serious and, as I believe, frequently fatal cardiac disease.

Dr. Wilks,[1] the most recent, I believe, of English writers on this subject, if one leaves out of mind the late Dr. Sibson's article on Adherent Pericardium in Reynolds' System, remarks that it is curious that the disease in question has not attracted more attention, since it does, as he gives cases to show, produce under certain conditions irretrievable damage to the central organ of the circulatory system. That it is only under certain conditions, many of which are not at present well understood, that obliteration of the pericardial sac becomes of serious import, is obvious from the very diverse and vague opinions expressed upon the subject by writers both at home and abroad.

Dr. Hope, whose work upon Diseases of the Heart is still deservedly quoted, seems to have strongly inclined to the view that adhesion of the pericardium ought to be regarded as a definite if not constant cause of cardiac disease, and this in a special form—namely, of dilatation and hypertrophy, and this, apparently, whether the pericarditis be of rheumatic origin or chronic from the outset, as in some rare cases it appears to be. Since Hope's time many writers and many cases have appeared, both supporting and weakening his position; and it is somewhat unfortunate for the point he wished to establish that in the cases, three in number, given by him in illustration, one was not fatal, in another well-marked disease of the aortic valves existed, and in the third there was an aneurism of the aorta with deformity of the aortic valves.

In 1851, and again in 1858, Professor Gairdner[2] published some important observations on the subject, on the whole unfavourable to Dr. Hope's views. Dr. Gairdner's cases were indeed all of them, so far as I can see, cases tending conclusively to show that adhesion of the pericardium, either local or universal, does not by any means constantly produce any serious secondary effects upon the heart. It is worthy of note that in his series of cases there was not one of known rheumatic origin. In many the adhesion was only partial, and in one or two instances one cannot escape the doubt that other causes were at work than those specially noted. For example, in Case 14 the man had been hemiplegic, and had given other evidence, in the shape of albuminous urine, of there probably being some chronic renal change, which, I believe, at the time Dr. Gairdner was writing was not clearly recognised as a cause of cardiac hypertrophy.

To recur to Dr. Wilks's paper. Of six cases in which general

[1] Guy's Reports, vol. xvi. [2] Edinburgh Journal.

and firm adhesion of the pericardium was found, in only one instance was a history of acute rheumatism noted, and throughout the series the changes in the heart chambers were by no means uniform; in some the walls were natural, in others thinned, and in one case the auricles alone were seriously affected.

Dr. Sibson's extreme elaboration of detail renders it difficult to grasp with any clearness his general conclusion, and tends rather to obscure than elucidate the point raised in this paper—namely, that simple general adhesion of the pericardium of comparatively recent rheumatic origin, without valvular complication, is frequently, if not constantly, followed by a fatal ecstatic condition of the cardiac chambers.

Dr. Gowers[3] discusses the question fully in his article on Dilatation of the Heart, and quotes Hope, Gairdner, Kennedy, and others, to show that pericardial adhesion causes enlargement of the heart in one-third of the cases; but at the same time very justly remarks that more evidence is required as to the condition of the heart muscle and adhesion of the pericardium to surrounding structures. In regard to the condition of the cardiac muscle I shall have something to say further on; but in regard to the second point I may here say that it was absent in all the cases given; and I cannot help thinking, from the great rarity with which it has been noted by observers, that this condition, so much relied upon by some who have attempted to lay down rules for the correct diagnosis of the lesion, has found place in the books rather as the result of *a priori* reasoning than of accurate post-mortem observation. The weak points in Dr. Kennedy's paper were long ago indicated by Dr. Gairdner, and I need not refer to it here except to say that no details of cases are given, and that external adhesion of the pericardium is spoken of as having been observed in but an extremely small number of the series.

Two points seem to be agreed upon by most writers: first, that adhesions of limited extent, and perhaps of certain length, have little deleterious effect; and, secondly, that a certain chronicity and firmness of the adhesion is essential to the production of the changes here described. Wilks and Moxon,[4] for instance, insist strongly on this latter point, saying that, while they believe simple pericardial adhesion produces no untoward consequences, the heart is always found dilated and hypertrophied when the adhesion is by means of a thick vascular fibrous layer which cannot be stripped from the surface of the heart without lacerating the muscle. Dr. Wilks's cases before alluded to go to support this view. It is upon this latter point that I wish to say a few words by the light of the cases I am allowed to publish below. It seems to have been clearly determined by the above writers that such conditions as those following on acute rheumatic pericarditis, even though of some standing, have had, according to their experience, little to do in producing an ecstatic condition of the cardiac chambers. I believe that further experience will show that rheumatic pericarditis, universal in extent and of well-marked intensity, is frequently, if not as a rule, soon followed by the lesion found in the cases before us.

Now, rheumatic pericarditis is not, under present methods of treatment at any rate, by any means a common disorder. I am inclined to think that the frequency of its occurrence has been somewhat over-estimated in the minds of many. We have a tendency to assume a familiarity, though we have it not, with diseases of such well-marked and definite characters as acute inflammation of the pericardium. For instance, in the last two years, during which period I have acted as house-physician to the infirmary, seventy cases of acute rheumatism have been admitted, but in only three of them was a pericardial friction-sound noted. During the same interval of time the four cases of adherent pericardium have been observed in the post-mortem room by myself. It would undoubtedly be rash to assume from this that every case of pericarditis eventuates in adherent pericardium. Still, it is a somewhat strange coincidence that in a hospital where the experience varies relatively little, the cases of adherent pericardium should equal and exceed in number those of acute pericarditis. Again, if, as some pathologists teach, and apparently with good reason, there is no such thing as the restitution of a once inflamed serous surface to its former condition of health—that every inflammatory effusion must always leave behind some, little though it be, lowly organised tissue, then such a condition, at any rate, of obliteration of the pericardial sac would seem to be the inevitable result of every pericardial inflammation of equal extent. I do not for one moment insist upon the statistics of the infirmary in support of this; the cases are too few for any conclusion of the kind to be justly arrived at.

It must not be lost sight of that I am claiming only universal and intense pericarditis as a cause of cardiac dilatation. Many pericardial adhesions of limited extent produce obviously no change in the heart of importance. I wish, if I can, to make clear that a universal pericardial adhesion of even a comparatively soft nature, quite distinct from the firm fibrous material spoken of by Wilks and Moxon and others, is capable of producing, and does produce, dilatation with more or less hypertrophy of the cardiac cavities, especially the ventricles.

I suppose we may take it as true—indeed it would be curious if it were otherwise—that there is a relationship of the nicest equilibrium existing between the heart power and the work or resistance to be overcome. Or, if I may so speak, the heart is not in a position to treat with indifference any increase of resistance in front or hindrance to its action externally—at any rate within the very narrowest limits.

It must not be supposed that I for a moment lose sight of or ignore the fact that in every case of acute pericarditis more or less inflammation of the heart muscle exists. On the other hand, I am inclined to assign to it a most important if not essential *rôle* in the production of the further changes in the ventricles. In the initial stages of the process, before whatever inflammatory effusion there may be has attained to any density, the myocarditic condition will be, and undoubtedly is, the prime factor in producing weakness of the parietes and consequent dilatation; but it is not a persistent lesion, in this instance tending gradually to diminish, and probably only placing the outermost zone of the heart muscle *hors de combat* for the time being. The condition we have to deal with is one the maximum intensity of which is reached in and about the pericardium itself.

It is thus probable that in the earliest stages of pericarditis a condition of more or less "parietal debility" is established, and consequently slight dilatation prone to ensue. At the same time, the plastic material is increasing in quantity and in density (I assume that fluid is absent throughout the case, or having been present has disappeared), the whole thickness of the pericardium softening from extension of the inflammation and thus less able to resist the accumulating effusion and dilating heart. The surface of the heart is now covered by a more or less thick layer of spongy, fibro-gelatinous material, an inelastic non-contractile body, closely applied and adherent with more or less firmness to it; it is, in fact, in the condition of a distended elastic ball, with an inelastic material evenly and carefully, but by no means of necessity firmly, applied to its outer surface. It is the tenacity of the adhesion that I am inclined to regard as of little importance so long as it is sufficiently strong to maintain the material closely applied to the surface during all movements. It will fulfil, I believe, every condition necessary for the perpetuation and increase of dilatation when once that dilatation is commenced.

It would scarcely be necessary to point out that the pericardium does not follow all the movements of the heart, had not the contrary been stated by some authors wishing to show that adhesion of the pericardial surfaces could produce no change in the heart, and so the adhesion from the first be able to impair to some extent the completeness of the systolic emptying. The adhesion of the pericardium to the anterior chest wall was, as stated above, absent in all the cases, and consequently I have not found it necessary to discuss it further, as I believe it to be of no importance—at any rate not essential for the production of cardiac disease.

(To be concluded.)

[3] Reynolds's System of Medicine, vol. iv. [4] Pathological Anatomy.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—At the last annual meeting the following officers were elected for the year ensuing:—President: DR. J. W. TRIPE. Vice-Presidents: DRS. Bristowe, T. Stevenson, Thursfield, and Dixon. Treasurer: Mr. S. R. Lovett. Hon. Secs.: Dr. J. N. Vinen and Mr. S. F. Murphy. Council: Drs. Dudfield, Buchanan, Bate, Brett, Baylis, Corfield, J. Stevenson, D. Thomas, and C. Kelly; Messrs. J. M. Corner, Jacob, and G. Turner.

THE appeal made on Sunday, August 28th, in the various churches and chapels in the vicinity, on behalf of the funds of the Weston-super-Mare Hospital and Dispensary, resulted in the collection of the sum of £326 1s. 5d.

LEFT-SIDED CONVULSIONS FOLLOWED BY PARALYSIS;

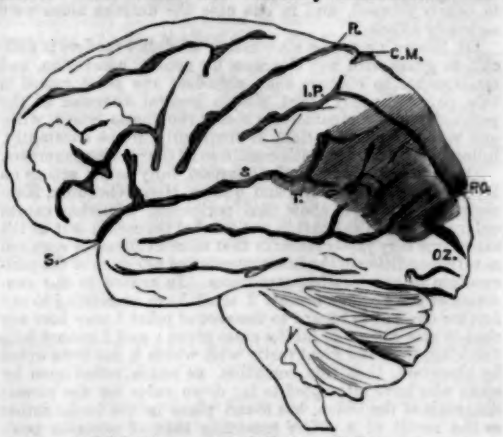
LOCAL CEREBRAL SOFTENING ON POST-MORTEM EXAMINATION.

BY M. D. MACLEOD, M.B. ED., &c.,
ASSISTANT MEDICAL SUPERINTENDENT, GARLANDS ASYLUM, CARLISLE.

A. A——, aged seventy-three, female, widow, admitted Aug. 9th, 1879, was reported to have had some "fits" about eighteen months before, but no accurate history could be obtained of her case. On admission she was found to be far advanced in senile dementia. She had no idea of her surroundings, nor could she express herself intelligibly. She was very feeble, and could hardly stand, but was able to move her limbs. She could see fairly well, but was deaf. Her lungs, heart, and kidneys were healthy enough. She had a good appetite. Owing to her feeble state she was mostly confined to bed, where she lay quietly. She continued without much change for a year or so, when it was noticed that she did not see so well. Her blindness increased, and, as far as could be judged, was total for months before she died. She had an attack of convulsions at the end of 1880, but it did not last many minutes. On the 19th of April, 1881, she was seized with clonic convulsions confined to her left side. The left side of her face was throughout convulsed; the left eye was spasmodically drawn outwards; her left arm, leg, and the muscles of the left side generally were in a constant state of spasm; the chin was drawn upwards and to the right. The convulsions commenced about 9 P.M., ceased after a short time, commenced again, and continued, but gradually getting weaker, till next morning. On the 20th the convulsions had entirely ceased, and it was seen that she was completely paralysed along the left side. Her mouth was drawn to the right, her left cheek flapping, and her arm and leg flaccid and powerless. She was unconscious, and continued in a state of coma till 5 P.M. on the 21st, when she died.

The following were the morbid appearances seen in the brain. It is of interest to note, in connexion with the blindness in this case, the complete destruction of the angular gyrus of the right hemisphere. The general diseased state of the vessels of the brain, the great atrophy, and the extent of the softening, render a localisation of the lesion causing the convulsion difficult; but it is noteworthy that the disease was of the motor area and the tracts connected with it.

Post-mortem appearances.—Head: The scalp was normal; the calvaria was thick, soft, spongy. The dura mater was thickened and tough; the sinuses were full of black clot. On cutting into the dura mater 8 oz. to 10 oz. of cerebro-spinal fluid escaped. The arachnoid was opaque; the vessels of the membranes generally were full of blood. The pia mater was thick and œdematous; it was easily separable from the convolutions except at a spot over the right postero-parietal region, where there was some gelatinous effusion. The arteries of the brain were very atheromatous, markedly so the right middle cerebral; the basilar artery was comparatively healthy. The brain was small (weight 32½ oz.: right hemisphere 14½ oz., left hemisphere 14 oz., cerebellum and pons 4 oz.). The convolutions were atrophied generally; they were small and much divided by shallow sulci. The cranial nerves were atrophied; the optic nerves, chiasma, and tracts were small and flattened; there was apparently no local atrophy or disease of the right hemisphere. The convolutions of the left hemisphere were small throughout. There was an area of old yellow softening in the left postero-parietal region; this area included the angular gyrus, the posterior portion of the supra-marginal gyrus, a small part of the superior parietal lobule just anterior to the parieto-occipital fissure, the upper margin of the first temporal and a very limited portion of the second occipital convolutions. The whole grey matter of this softened area was destroyed, as was the white matter underneath. A band of softening extended inwards and forwards to the posterior part of the thalamus opticus, into which the left optic tract entered, and another line of yellow softening anterior to the other, and separated from it by apparently healthy white substance, was easily traceable to the corpus striatum, the posterior part of which was softened. There was no apparent softening or degeneration in the crura, the medulla, or pons. The convolutional softening corresponded to the area supplied by the branch of the middle cerebral artery running in the horizontal ramus of the Sylvian fissure. This vessel was markedly atheromatous and



S. Sylvian fissure. C.M. Calloso-marginal fissure. P.O. Parieto-occipital fissure. I.P. Interparietal fissure. R. Rolando.

diminished in calibre. The branch ascending was free of atheroma; the lateral ventricles were dilated; there were gliomatous bodies on the choroid plexus; the cerebellum and pons were soft; the other organs of the body presented no marked abnormality.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. IV. Proœmium.

KING'S COLLEGE HOSPITAL.

REMOVAL OF A PORTION OF THE RECTUM FOR EPITHELIOMA.

(Under the care of Mr. HENRY SMITH.)

FOR the following notes we are indebted to Mr. Hugh Smith, surgical registrar.

Mary Ann S——, aged fifty, a street hawker, was admitted on April 7th last. She was married, and had had six children, two of which were stillborn, and four died under the age of two months in convulsions. There was no history of malignant disease, or tumours of any kind in the family. Six months before admission she first noticed pain about the anus, together with loss of blood during the act of defecation. The pain was intense at times, and the hæmorrhage was considerable. Four months were allowed to pass before she consulted a medical man, and then she was examined by Mr. Barrow, surgeon to the Westminster General Dispensary. After watching the case, and relieving the more severe symptoms for some weeks, Mr. Barrow suspected that a growth situated at the anus was of a malignant character, and forthwith sent the case to King's College Hospital to be seen by Mr. Henry Smith.

At the time of admission into hospital the anus was found to be the seat of a hard, nodular mass, completely surrounding the orifice. The finger could be introduced with some difficulty, and on passing it beyond the growth (which extended upwards for an inch and a half all round the lower part of the rectum) the rest of the bowel was found to be normal. The mucous membrane of the posterior wall of the vagina was healthy, and although the rectal tumour could be felt through that septum, it did not appear to be

adherent to it. Urine, sp. gr. 1025; small quantity of albumen.

On April 9th the patient was put under the influence of ether, and the operation for the removal of the growth was performed as follows:—The patient was placed in lithotomy position, and Mr. Henry Smith inserted the left forefinger into the rectum as far as the tip of the coccyx. Upon the finger was guided a long curved, sharp-pointed bistoury, which was made to enter the bowel at this point and cut its way out in the median line posteriorly. An incision was then made on each side of the anus, about half an inch from the orifice, and carried forward on each side to the posterior part of the vagina; the rectum was then carefully separated from the tissues around, great care being taken to avoid wounding the posterior wall of the vagina, which, although pressed upon by the growth, was not implicated; the upper limit of the growth was then reached, and the bowel was separated above it by the actual cautery. During this operation there was a very great loss of blood, and it was necessary to tie several vessels.

Though the patient was removed from the operating theatre in a very low state she soon rallied from the collapse. The bowels were kept confined for several days; not a single bad symptom ensued, and she went on uninterruptedly well.

She was discharged on June 27th, at which date there was some tendency to prolapse of the flaccid mucous membrane of the rectum. The wound had healed, and the patient was able to retain solid but not liquid fæcal matter.

She was readmitted on July 4th for prolapse of rectum, but after resting in hospital for ten days this was so much diminished that she refused to undergo an operation for its radical cure. The severe pain and hæmorrhage from which she formerly suffered had never returned since the operation. The tumour, on microscopical examination by Mr. Barrow, was found to be epithelioma.

In some remarks which Mr. Henry Smith made in the ward just previous to the discharge of this patient, he stated that as a rule he was opposed to the operation of removal of the lower portion of the rectum when attacked with cancer, and he had almost invariably refused to extirpate such growths except when the outlet only of the bowel was affected. When any extent of the rectum was involved its extirpation demanded an operation which was attended with great dangers, especially from hæmorrhage. Now and then, however, a case would be met with where the growth was so limited that the finger could be passed well above it, and it was so circumscribed that its surrounding tissues were not much involved; and this was so in the present case, and he therefore did not hesitate to give the woman a chance of prolonging her life and relieving her great misery.

NATIONAL HOSPITAL FOR THE DEFORMED.

CASE OF GENU VALGUM TREATED BY MANIPULATION.

(Under the care of Mr. F. R. FISHER.)

FOR the following notes we are indebted to Mr. E. M. Little, M.R.C.S., surgical registrar.

Edward P——, aged sixteen, was admitted in December, 1880. At the age of three years he had suffered from whooping-cough, followed by bronchitis, after which illness his parents first noticed that the legs were becoming knock-kneed. He was taken to a hospital in one of our large county towns, where instrumental treatment was employed without benefit, and nothing more was done for the boy until he was brought to London in December last. The condition of genu valgum then present (see Fig. 1, copied from a photograph taken at the time) was of a severe grade. The length of each tibia was 15 in.; the distance between the internal malleoli, when the thighs were placed parallel to one another and the legs extended, was 16½ in. The deformity was rather more marked in the right than in the left limb. On flexing the legs, the distortion, as is usual in genu valgum, disappeared, but in both joints the patella became dislocated outwards, so that it rested on the external surface of the outer condyle. This condition is shown in Fig. 2. The line marked A shows the situation of the patella, the anterior surface of which faced directly outwards; the line B points to the hollow left in the front of the joint by the displaced bone, whilst above is seen the extremities of the two condyles. The patient had evidently been rachitic in childhood; the tibiæ were slightly curved, and on their inner surfaces at the upper third of the bone were some exostotic masses; the powers of locomotion were but little interfered with, the lad being able to walk from ten to twelve miles without difficulty. Treatment was commenced on December 11th, 1880; trough splints were used, and the joints were daily manipulated; this manipulation consisted in fixing the femur by holding the inner condyle with one hand, the leg being grasped round the malleoli with the other hand, extended, and then firmly pressed inwards. By these means the contraction of the external lateral ligament, the biceps tendon and the fasciæ, was quickly overcome,

FIG. 1.

and on Jan. 26th, 1881 (forty-six days from the commencement of treatment), the ankles could be brought together. On March 16th the boy could stand erect with the legs extended in their normal relationship to the thighs (Fig. 3). The joints were still somewhat loose, owing to the internal lateral ligaments not having yet contracted; steel supports were therefore ordered, with which the patient left the hospital.

Remarks by Mr. FISHER.—This case is of interest both from its nature and from the result of the treatment adopted. With regard to the condition of the limbs, the chief point to be noticed is the complete lateral dislocation of the

FIG. 2.

FIG. 3.

patellæ which occurred on assuming the flexed position, a complication which has, I believe, never before been illustrated; it was probably due to adapted shortening of the great extensors of the legs, the points of origin and insertion of these muscles being unduly approximated on account of the extreme degree of deformity which was present. Another point to be regarded is the fact that in both legs the plane of the articular surface of the femur was unchanged, that elongation of the internal condyle, which has lately been so much insisted upon as being the chief difficulty to be overcome in the treatment of severe genu valgum, did not exist, although the case was one especially favourable for the

development of this condition, being of long-standing, of rachitic origin, and with a tendency to the formation of bony outgrowth, as shown by the exostotic masses existing on the shafts of the tibiæ. Another point to be observed is the excellent power of locomotion possessed by the subject, who merely applied for relief from an unsightly deformity, and not for the restoration of power to useless limbs. The method of treatment pursued has been briefly given in the above notes; it was conducted on the principles almost universally employed at the hospital for many years, for a more detailed description of which I may refer to a paper on the Treatment of Genu Valgum written by myself and published in THE LANCET of Jan. 20th, 1877. Speaking generally on the nature and treatment of this deformity, I may remark that in my experience abnormal development of the internal condyle rarely exists, and that osteotomy is therefore seldom required for the relief of knock-knee. Of the value of manipulative exercises I have the highest opinion; these constitute the active part of the treatment which I advocate, the splint being only used to maintain the improved condition obtained by the exercises; they are so simple that any person of ordinary intelligence can be readily taught how to practise them, the services of a skilled attendant of the "professional rubber" type being wholly unnecessary to the patient.

KASHMIR HOSPITAL.

PENETRATING WOUND OF ABDOMEN, WITH PROTRUSION OF INTESTINES AND OMENTUM.

(Under the care of Mr. DOWNES.)

A YOUNG Brahmin girl was admitted in July, 1878, with a penetrating wound of the abdomen. She reached the hospital at about 10 A.M., the accident having happened early in the morning of the same day in a village about five miles distant.

The girl was about eight years old; she was carried on a charpoy (a light bed used all over India). Her father stated that she had fallen out of a window, probably about twelve feet from the ground, and in falling a sharp piece of wood, part of a railing, had pierced the belly. On uncovering the wound it was found to be an inch or an inch and a half long, with torn, jagged, irregular margins situated between the umbilical and left lumbar regions; out of this protruded a large piece of bowel and omentum. About one-half of the transverse and descending colon had protruded. The bowel had been wrapped up in a black very dirty piece of cotton cloth. As the girl could not bear to have the bowel handled she was placed at once under chloroform, and the wound and protruding bowel were washed well with tepid water containing one per cent. of carbolic acid. A triangular flap of skin and fascia had been torn upwards and inwards from the wound to a distance of two or three inches, where it retained a broad attachment. The bowel having been protruded in nearly an empty state had become distended with fluid, and was in a state of strangulation; it was not otherwise injured. An attempt was made to return it, but without success. The wound was therefore enlarged by half an inch with a blunt-pointed bistoury, the finger being used as a director. The bowel and omentum were then easily restored. The gut having been reduced, two or three silk sutures were put through the wound in the peritoneum, and the muscles and the edges were brought together. No attempt was made to bring the skin together with sutures, because the edges were so far retracted that they could not be brought into exact position without considerable tension. The skin was, however, kept in fairly good position with strips of plaster. A piece of lint, covered with carbolic oil, was placed over the wound, and over all a layer of cotton-wool, two or three inches deep, was fixed with a broad bandage.

The patient was immediately put to bed, and small doses of opium were given three times a day, and nothing but milk was allowed for her diet; the relations were enjoined to be very careful that she was kept lying on her back and perfectly quiet. Next morning she was rather feverish, and complained of a little pain; but on the day following she had no fever, no pain, and only complained that the diet was not enough to satisfy her appetite. On the fourth day she was allowed a little rice with the milk. On the fifth day the dressings and the sutures were removed; the deep wound had healed by first intention without a drop of pus. The two edges of the skin gaped about a couple of inches; but, in course of time, this healed by granulation. On about the sixth day a dose of castor oil was given, as the bowels had been unmoved since the accident; the oil acted freely, and the opium was discontinued. A day or two afterwards the oil was repeated, and the patient could not be kept in bed any longer—in fact, she was quite cured. After having been in hospital about ten days she returned home with the external wound nearly healed.

Cotton-wool has been used as a kind of antiseptic dressing, and this case may be recorded as an illustration of the success of this mode of dressing. Its simplicity gives it an advantage over the more complicated antiseptic dressings, the difficulty and expense of which are a drawback.

Reviews and Notices of Books.

Wood's Household Practice of Medicine, Hygiene, and Surgery. A Practical Treatise for the Use of Families, Travellers, Seamen, Miners, and others. Edited by FREDERICK A. CASTLE, M.D. In 2 vols. Illustrated by over 700 Wood Engravings. London: Sampson Low, Marston, Searle, and Rivington. 1881.

THIS work represents a great undertaking. There are many systems of domestic medicine, but we have seen none so pretentious and so complete as this. The work consists of two large volumes, each having eight or nine hundred pages, the type and paper being excellent. We shall best give our readers an idea of the scale and character of the book by enumerating the titles of the chapters and the names of the authors respectively. It will be seen that the list includes some of the most respected names in American medical literature.

The contents of Volume I. are as follows:—Anatomy and Physiology, by Leroy Milton Yale, A.M., M.D.; Hygiene—Food and Air, by E. H. James, M.D.; Drainage, Sewerage, and Water-supply, by J. W. Pinkham, M.D.; Clothing, by J. V. Shoemaker, A.M., M.D.; Climate, by Arthur Nichols, M.D.; Exercise, by Dr. Shoemaker; House-building, by Carl Pfeiffer, Architect;—Disease, its Nature, Causes, and Manifestations, by Henry Hartshorne, M.D.; Therapeutics, or the Modes of Employing Remedies, by Richard Dunglison, A.M., M.D.; Mineral Springs, by George E. Walton, A.M., M.D.; Obstetrics, or the Art of Midwifery, by Theophilus Parvin, M.D., LL.D.; the Care of Infants in Health, by Beverly Robinson, A.M., M.D.; Diseases of the Digestive Organs in Infancy, by J. Lewis Smith, M.D.; the Nervous System of Infancy and Childhood, by Mark Putnam Jacobi, Ph.G., M.D.; Accidents and Emergencies, by Alpheus B. Crosbie, M.D., Albert H. Crosby, M.D., and John T. Hodgkin, M.D.; Poisons, their Effects and Antidotes, by Albert F. Prescott, M.D.

The contents of Volume II. are:—Acute Infectious Diseases, by James Whittaker, M.D, and three other physicians; Vaccination, by Frank P. Foster, M.D.; Chancroid and Syphilis, by Henry Piffard, A.M., M.D.; the Skin and Hair, by James C. White, M.D.; the Hands and Feet, by Leroy Milton Yale, M.D.; the Eye and its Diseases, by D. B. St. John Roosa, M.D., and Edward T. Ely, M.D.; the Ear and its Diseases, by Albert H. Buck, M.D.; Deaf-Mutism, by J. W. Chickering, Jun., A.M.; the Nose and its Diseases, by Frank H. Bisworth, A.M., M.D.; the Throat and its Diseases, by J. Solis Cohen, M.D.; Diseases of the Respiratory Organs, by Alfred L. Loomis, M.D.; the Kidneys in Health and Disease, by A. Braxton Hill, M.D.; the Male Genito-Urinary Organs, by Edward L. Keyes, A.M., M.D.; Diseases Peculiar to Women, by A. Reeves Jackson, A.M., M.D.; Idiocy, &c., by Allan McLane Hamilton, M.D.; Insanity, by Judson B. Andrews, A.M., M.D.; the Mouth and Teeth, by Frank Abbott, M.D.; Diseases of the Digestive Organs, by Fredk. A. Castle, M.D.;

Diseases of the Rectum, by W. H. Van Buren, A.M., M.D.; Diseases of the Organs of Circulation, by Edward G. Janeway, M.D.; Diseases of the Bones and Joints, by Benj. Lee, M.D.; General Surgery, by George F. Shrady, M.D.; Diseases of the General System, by Fredk. A. Castle, M.D.; Nursing and Diet for the Sick; Materia Medica and Glossary.

It is difficult to convey to our readers the completeness of the book and its illustrations. The latter include most beautiful illustrations of the microscopical structure of every tissue of various organs and parts, of deformities and dislocations, of parasites of all kinds, of instruments, &c. It would be invidious and difficult to single out from such an encyclopædic work any individual articles for special allusion and criticism. We would only say that generally they are written with great judgment and accuracy, often bringing the latest fruits of investigation to the service of the reader. Our only doubt is whether the whole conception of the work is not too large, and whether so much good writing is not thrown away on the general reader. It has long been a question how far works on Domestic Medicine are beneficial or otherwise. This question does not become more easy of solution as the size and plan of the works enlarge, but rather the contrary. And in regard to a work like this, where everything is presented to the reader from a cold in the head to cancer of the kidney, it is difficult indeed. We have less difficulty about the hygienic and physiological divisions of the book. But it is not at all clear to us that in the present state of popular intelligence in respect of disease it is wise to attempt more than the barest outline of the most common ailments, for use in circumstances where medical help cannot be procured. Even in regard to these it is difficult to be simple enough in giving instructions, or to prescribe without the risk of being misunderstood and doing harm—as, for example, in the ten-grain dose of Dover's powder recommended in this work for a cold in the head, or the scruple dose of bromide of potassium for the vomiting of pregnancy. Much less easy is it to lay before the general reader such a mass of information in regard to anatomy, physiology, and disease without bewildering him and exciting the notion that he has many more diseases than the one which leads him to dip into a book on domestic medicine. While bound to express these doubts we cannot withhold our admiration at the boldness with which this work has been conceived, and the thoroughness with which it has been executed. It will make no mean addition to the library of any medical practitioner.

Bovine Tuberculosis in Man. An Account of the Pathology of Suspected Cases. By CHARLES CREIGHTON, M.D., M.A. London: Macmillan and Co. 1881.

THE task which Dr. Creighton has undertaken is one which is beset with difficulties, but is also one of very great importance to the community. Readers of this journal will remember his first communication on this subject about two years ago, and may perhaps have wondered at the boldness with which he broached his theories. He has done well to have extended his research, and presented facts and arguments in the present work, which should attract wide attention among both pathologists and hygienists. The main purpose of the work may be briefly stated as follows:—That certain cases of acute tuberculosis in the human subject bear a striking resemblance in their morbid appearances to the tubercular disease of cattle known as "grapes" in England, "Perlsucht" in Germany, and "pommelière" in France; that this morphological mimicry amounts to identity; and that in all probability such disease in man is derived by direct infection from the diseased animals. That in this way many cases of tubercular disease arising in previously healthy subjects may be explained, and that the virus may be communicated by the milk of the diseased animals. Dr. Creighton does not assert that the case is absolutely proved, but he believes the pathological facts which he describes are sufficient to suggest very strongly the truth of the hypothesis. Nor should we be willing to admit that there is any *primâ facie* ground against the hypothesis, which deserves very thorough examination and inquiry on an extensive scale.

The bovine disease is characterised anatomically by the presence of nodules of new formation in various organs and regions of the body, especially the lungs, lymphatic glands, and serous membranes. The growths on the serous membranes, and especially the pleura, are held to be most peculiar and distinctive, occurring in the form of small "duck-weed-like" masses, or in pendulous "pearly" outgrowths, which have given the German name to the affection. In the lungs and lymphatic glands the new formation occurs in masses of confluent "tubercles," which undergo caseation in their central parts, and which in the lungs are often arranged in a wedge-shaped mass beneath the pleura, and sometimes softened down into small vomicæ, with smooth walls. Microscopically these nodules recall the structure of tubercle, in the aggregation of small round cells which compose the main part of the nodule in the highly vascularised circumferential zone, and in the presence of giant-cells in the central parts. Considerable stress is laid upon the vascularity of the outer zone and in the presence of these giant-cells, which are very abundant. Dr. Creighton believes the giant-cells, with their marginal nuclei, to indicate an imperfect attempt at vessel-formation; and in an appendix he gives an account of similar bodies in the placenta of the guinea-pig, where he has traced the development of such cells into bloodvessels. He does not, however, assign any specific character to these cells; but bases his demonstration of the identity between the bovine and human disease upon the sum total of the morbid appearances, macroscopical and microscopical, and particularly upon the peculiar serous outgrowths.

After a detailed description of the bovine disease, and of the inoculation experiments by Gerlach and Orth, Dr. Creighton describes twelve cases of tuberculosis in the human subject which bore great resemblance in their morbid anatomy to the bovine affection. Everyone will admit the closeness of the resemblance, but this admission need not imply anything more than that "Perlsucht" is the analogue in the bovine species of tuberculosis in the human. This, however, has long been admitted, and what Dr. Creighton has done is to push the question much farther, and to show that the identity is perfect—that in such cases the human tuberculosis is not only identical with, but is derived from, the bovine. But the link is wanting to complete the chain; he cannot assert of any of his cases that they have been infected by the virus of the bovine malady, and until this link is supplied it is reasonable to maintain an attitude of scepticism on the subject. He points, however, to the results of inoculation experiments as showing the readiness with which bovine tuberculosis may be transmitted, and he believes there is ground for believing that the manifestations of tuberculosis, caseating glands, and general dissemination of miliary tubercles, are the product of a virus introduced from without, similar to the virus of syphilis or glanders. He therefore does not admit the generally accepted auto-infection theory of miliary tubercle arising secondarily to caseous deposits.

Finally, Dr. Creighton thinks that if the view be once adopted that bovine tuberculosis is communicable to man, the origin of many cases of human tuberculosis hitherto insufficiently explained will be made clear. Cases of abdominal tuberculosis, of tubercle of serous membranes, of general tubercle resembling in its clinical course typhoid fever, and others will thus receive a new significance. We may also

commend to notice his suggestive inquiry as to whether some of the milk epidemics of supposed typhoid may not have been cases of this nature, an inquiry which has received an apt illustration in an outbreak of "tubercular fever" at a school in Bristol recorded by Dr. W. H. Spencer. We must not omit a word of praise for the excellent lithographic plates which illustrate the work.

The Classics for the Million. Being an Epitome in English of the Works of the principal Greek and Latin authors. By HENRY GREY. Second Edition, revised and enlarged. London: Griffith and Farran. 1881.

HOWEVER much we may deplore the times of which it is a sign that anyone should attempt to compress the poetry, philosophy, history, and eloquence of the Greek and Roman classical authors into 350 octavo pages, yet it is a fact that Old Leisure is dead, and that success in life now means success in examinations. Hence we cannot complain that Mr. Grey has undertaken to supply the demand for such concentrated knowledge, but may reasonably congratulate ourselves that it has been on the whole so well done.

An analysis is given of the chief works of some eighteen writers in either language, illustrated by quotations from the best English translations of their works, and prefaced in each case by a brief notice of the author. These abstracts are carefully done, and the authors and translations are well selected, though Theocritus is surely better entitled to a place in the list than the little-known Menander. The notices, however, might contain a little more definite information without increasing their length, and the addition of the dates of birth would have prevented the placing of Euripides before Sophocles, his predecessor alike in years and thought.

"THE LANCET" INQUIRY UPON SCHOOL MANAGEMENT AND HYGIENE.

II.

IN the preliminary report lately presented, an attempt was made to collate impartially and without criticism the facts gleaned from the replies addressed to us in response to the circular, the text of which has been given (p. 21). Considerable difficulty was experienced in arranging this material, owing to the variety and divergence of the statements returned, and as a consequence the facts themselves were given in a condensed form as far as possible. Having accomplished this, we are now enabled to take up the plan originally held in view in the institution of this inquiry—namely, to write a series of articles in which the experience we have obtained in the present inquiry, together with that acquired by our Commissioners, who reported on the sanitary condition of some of the chief public schools in 1875, may be set forth systematically and concisely, and as free from technical details as possible, in the hope that in this form it may prove of value both to parents and school authorities: to the former, by supplying them with data as to the points a good school should offer in the way of general sanitary and hygienic management; to the latter, by providing them with a series of rules by the exercise of which they can maintain a strict sanitary supervision over the school and its inmates, with definite instructions as to the best course to pursue should a sudden and severe outbreak of zymotic disease visit the establishment. We also hope that such definite and systematic rules will prove of value in strengthening the position of the medical officers attached to scholastic institutions, by enabling them to insist upon essential details being carried out, and by showing that the efficient working of the means suggested can only be effectually accomplished under their supervision.

We propose to include the following points in our observations:—1. The general sanitary arrangements with respect to studies, class-rooms, dormitories, closets, &c., ventilation, warming, and lighting. 2. The connexion of the school with the town, as regards drainage, water-supply, and the intercourse of the boys with the townspeople. 3. The precautions taken to prevent the introduction of infectious diseases into the school, and the measures taken to isolate cases in the event of an outbreak occurring. 4. General hygienic regulations as affecting the health of individual boys, diet, hours of work and play, overwork, exercise, school games, gymnasia, punishments, &c.

SANITARY ARRANGEMENTS OF SCHOOL BUILDINGS.

The arrangement of the premises varies considerably in different schools; but we generally find a large school-room where lessons are repeated, and sometimes learned; class-rooms where special subjects are taught; a dining hall for meals if the boys are not living with masters in separate boarding houses; a block of buildings containing studies and dormitories; out-houses for closets and urinals; and the playground, furnished with fives and racket-courts, and in most cases with swimming-bath and gymnasium. The ventilation, warming, and lighting of the school-rooms, studies, and dormitories, and the arrangements of the outside premises, closets, urinals, &c., will be considered in this section.

Ventilation and Warming.—Professor Parkes justly observes: "We cannot demand that the air of an inhabited room shall be absolutely as pure as the outside air, for nothing short of breathing in the open air can ensure perfect purity at every respiration. In every dwelling-room there will be some impurity of air. The practical limit of purity will depend on the cost which men are willing to pay for it. If cost is disregarded, an immense volume of air can be supplied by mechanical contrivances, but there are comparatively few cases in which this could be allowed." The question therefore arises, What is the standard of practicable purity of the air we should endeavour to attain for our habitations? From calculations made by Professor Parkes and Dr. De Chaumont, the amount of air required for each adult per hour, in order to maintain a certain degree of purity in the atmosphere, is 3000 cubic feet. The respiratory impurity added to the air will, of course, be less with children than with adults, and consequently the amount of air required to maintain the standard of purity will be less. But though children evolve absolutely less carbonic acid in a given time than an adult, yet relatively for their body weight they expire more. In fixing a standard for schools the age, too, of the children ought to be considered. In schools in which the age of the scholars ranges from seven to twelve the standard allowance of fresh air per head per hour should not be less than 2000 cubic feet, and in schools where the ages of the pupils range from twelve to sixteen quite 2500 cubic feet should be given. The question now arises, How is the quantity to be supplied? It is very evident that few institutions could afford to construct buildings sufficiently large to provide this space for each inmate; it is therefore necessary to consider the means by which the foul air may be removed and fresh air introduced, so that the standard of purity can be maintained without making use of rooms of inconvenient size. This is effected by ventilation, which may be natural or artificial. In the first place we have to determine how often the air has to be changed in the course of a given time. If the space to be ventilated be equal to 100 cubic feet for each person, it is obvious the air must be changed twenty and twenty-five times in an hour, in order to supply the 2000 and 2500 cubic feet considered necessary for children. If the space, however, be equal to 1000 cubic feet, then the air will have to be changed only 2 and 2·5 times within the same period. Now, of course, if the air has to be changed frequently within a given time the movement of the air through the space will be proportionately increased, and so draught will be occasioned. With very perfect methods of ventilation it might be possible to change the air in a room six times in the course of an hour without creating a perceptible draught, but, as Professor Parkes observes, "a change equal to four or three times per hour is generally all that can be borne under the conditions of warming in this country." Taking therefore the statement we have given as correct, and it has

received general acceptance, it will be necessary to provide a space of 650 cubic feet per head in schools for children under twelve years, and 830 cubic feet for boys above that age. As a matter of fact this standard is rarely attained. In most of the schools we have examined and received reports of it has fallen considerably below this. In one metropolitan school under the management of a rich City company we found in one of the class-rooms the cubic allowance for each boy to be below 100 feet, less even than that allowed by the London School Board, which gives 130 cubic feet per head for general school-rooms, and 117 cubic feet in graded schools, and considerably less when the ages of the scholars at the two institutions were taken into account. As a rule we find that 450 cubic feet may be stated as an average of what is given at the best schools.[1] This is far too little, and when we reflect how important pure fresh air is for young persons in order to effect properly the tissue changes which are most active at this age, and how very susceptible they are to the influence of animal poisons, the necessity of providing them with ample breathing space becomes apparent. Although the expense of construction of rooms sufficiently large to provide the full allowance that has been considered necessary (650 cubic feet for children under twelve, and 830 cubic feet for those above that age) is an important consideration, still an approach to this standard ought to be aimed at either by reducing the number of scholars or providing additional buildings. Especially ought this to be the case with dormitories where the inmates spend many hours in the same atmosphere, and where, owing to the lower temperature of the rooms, the interchange between the outside and inside air cannot be effected so frequently or perfectly as is the case with rooms warmed by fires or hot-water apparatus. In general, school-rooms, class-rooms, and studies, where the boys would not be confined probably for more than two hours at a time, and the rooms could thus be thoroughly purified by opening doors and windows when they were out, and also where an efficient system of ventilation was adopted, 450 cubic feet would probably prove sufficient, and the air of the rooms not prove detrimental to health. In the case of dormitories, however, 700 cubic feet should be the very least provided. The best methods by which fresh air can be supplied and the foul air removed will be briefly considered. Ventilation is effected by natural agencies or by artificial means. Where natural ventilation alone is depended on the fireplace is the chief outlet, which may be supplemented by air bricks fitted with valves let into the walls, or various kinds of tubes connected with the chimney. The chief inlets are chinks of doorways, window-sills, to which may be added perforated air bricks, and the excellent system, devised by Mr. Tobin, of vertical tubes communicating with the external air, and the arrangement permitting air to pass through perforations in window sills without creating draught. Where artificial ventilation by the "method of extraction" is employed, fresh air, previously warmed, can be introduced from the upper part of the room and the foul air drawn off from the level of the floor. In deciding on the adoption of either natural or artificial ventilation many circumstances have to be considered. Artificial ventilation is best adapted for large establishments, in which a series of large class-rooms, hall, library, chapel, &c., all built on the same level, have to be warmed and ventilated. The best method of applying it is by extraction, and various plans for effecting this have been devised by sanitary engineers. A system by propulsion is also advocated, but is more suitable for large single rooms, such as concert-rooms and theatres, than for school purposes. When the school buildings are irregular and widely distributed, and the class-rooms and offices numerous and on a small scale, natural ventilation by means of open fireplaces, aided if necessary, in large rooms, passages, and corridors, by hot-water pipes, is decidedly the best system to be adopted. Another advantage, too, of warming and ventilating each room or group of rooms separately by this means, is that the school is not likely to be inconvenienced by a breakdown in the system, either through the carelessness of the attendant, or some unavoidable accident, at a time, perhaps, when its services are most required.

Where there are open fireplaces and hot-water pipes, the entering air can be warmed by passing it through tubes coiled round and behind the grates, and also by admitting it between the coils of the water-pipes. All the air drawn into the building should be filtered. If in the case of artificial ventilation there is one large inlet, the air should be washed by passing it through a film of water. If there are a number of small inlets, the external openings should be protected with a covering of fine muslin. The school dust-bin should be far removed from any inlet opening.

Class-rooms, School-rooms, and Studies.—Wherever space can be afforded the day-rooms should be distinct from the dormitories and from the domestic offices. If possible they should be in separate blocks of buildings, and the dormitories entirely closed during the day, lavatories and dressing-rooms being provided near the school-room for boys to wash and change before going into school from the playground. The temperature of the school-rooms should not be allowed to fall below 55° F., nor rise above 60° F. The regulation of the temperature is facilitated by the use, in addition to the ordinary means of ventilation and warming, of a few Tobin tubes connected with the outside air, fitted with valves, which can be opened when the temperature rises above, and shut when it falls below, the proper point. The studies, being smaller rooms, are often more difficult to manage with regard to ventilation and warming. Their cubic space should not be below 700 cubic feet per inmate. Small fireplaces on the Galton principle, admitting warm fresh air, are the most convenient means of ensuring efficient warmth and ventilation. Next to these, warm-water pipes with an arrangement for admitting fresh air, which is warmed by passing between them. Heating may be adopted by gas, and an apparatus termed the Calorigen will be found amongst the best for this purpose among the numerous ingenious stoves constructed for both warming and ventilating. The practice of placing studies in roofs of houses, especially those with sloping roofs, just under the tiles, is extremely objectionable, and ought not to be permitted. The arrangement of the lights in school-rooms, class-rooms, and studies is a very important point to be attended to. Mr. Brudenell Carter,[2] in a recent work, states that in Germany, where the condition of shortsightedness is more common than in other countries, it was found by Dr. Cohn of Breslau, who examined the state of vision of the children in the local schools, that there were 1004 short-sighted persons out of 10,060. "He found also, what was far more important, that the myopia (shortsight) increased steadily, both in the relative number of cases and in the degree of defect, as he ascended the schools from the elementary to the higher classes. He further ascertained that there were relatively more cases of myopia, and higher degrees of the affection, in schools which were badly lighted; and he finally referred the facts to the operation of two causes—defective lighting and badly constructed desks and forms, both agencies being alike in causing children to stoop over their work, and to bring their eyes as close to it as possible—both being alike, that is to say, in compelling the maintenance of a great amount of convergent effort." Mr. Carter further observes that "for the prevention of myopia in schools there can be no doubt that good and well-placed windows are essential, and that fittings of judicious design will be useful; but neither of these will be effectual, or will prevent children drooping over their work, unless the matter receives the constant and vigilant attention of teachers, and unless the sanitary state of the buildings, and the time relatively given to work and play, are such as to meet the requirements of physical health." With regard to the arrangement of the light, Mr. Liebreich,[3] who has paid considerable attention to this subject, insists that "the light should be sufficiently strong and fall on the table from the left or right-hand side; and as far as possible from above. The children ought to sit straight, and not have the book nearer to the eye than ten inches at least. Besides this, the book ought to be raised 20° for writing and about 40° for reading." The arrangement Mr. Liebreich advocates is to have the class-room of an oblong shape, the windows being in one of the long sides, and the tables arranged parallel to the short walls, so that the light falls from the left side.

[1] In the dormitories of many of the new buildings connected with public schools a far more liberal allowance has been made, and from 600 to 750 cubic feet is not uncommon. This has been gained by raising the height of the rooms.

[2] Eyesight, Good and Bad. By Robert Brudenell Carter, F.R.C.S., late Hunterian Professor of Pathology and Surgery to the Royal College of Surgeons; Ophthalmic Surgeon, St. George's Hospital. Macmillan and Co., London, 1880.

[3] School Life in its Influence on Sight and Figure. Two Lectures by R. Liebreich, Consulting Ophthalmic Surgeon, St. Thomas's Hospital. J. and A. Churchill, London, 1878.

The desk of the master ought to be placed near the short wall towards which the scholars look, the great object being to prevent the shadow from the boy's hand or person falling on the paper or book. But, perhaps, even of more importance than this arrangement of light, is that the light should be sufficient. On this point Mr. Carter justly observes, nothing distresses the eye more readily than failure in this requirement, and there is no other failure more common. There are unfortunately many schools, from the elementary to the highest, which are so badly constructed as regards their windows that twilight commences in them quite early in a winter afternoon, even when it does not exist all day. Whenever it is not possible to effect alterations which will admit more light, the master should strive to render the comparative darkness as little as possible injurious to his scholars by such a rearrangement of their work as may relegate the tasks which require the least eyesight to the darkest hours. "Where the light is always defective, the reading, writing, and drawing should not be pursued for more than an hour without interruption; and short periods of other work, or even intervals of complete repose, should be made to intervene." With artificial light, the difficulty which structural exigencies interpose with regard to the arrangement and size of windows does not exist. The lamps therefore should be placed in such positions that the least possible shadow be thrown on the student's book or paper. The source of light does not matter much so long as it is steady and sufficient. Means also ought to be taken to carry off the products of combustion, and especially should this be done when gas is used.

THE BRITISH MEDICAL ASSOCIATION AND HOMŒOPATHY.

To the Editor of THE LANCET.

SIR,—Being away from London, the medical journals for the last two or three weeks have not reached me. I have been informed, however, by letter that you have charged the government of the British Medical Association with having inspired the address which I lately gave at Ryde, and that I ought to deny the charge. I request permission, therefore, to state that no member of the Council of the British Medical Association either did know or could have known anything whatever about my address prior to its delivery; that I had at no time had any communication, either direct or indirect, with any one of them as to the subject of my address; and that I am alone responsible for everything I said upon that occasion.—Your obedient servant,

Swanage, Sept. 3rd, 1881. J. S. BRISTOWE.

To the Editor of THE LANCET.

SIR,—At the meeting at Ryde, as is now well known, the address of the President of the Association, that in medicine and that in surgery, all contained references to the subject of consultations with homœopaths, and all advocated the unpopular opinion that it is not expedient to continue the present practice of exclusion. That this extraordinary coincidence should have led to the belief that there must have been pre-arrangement is not to be wondered at. Will you allow me, however, to state positively that there had been none; and that we each spoke quite independently of the other. It was in fact only the other day that I became aware that the President (Dr. Barrow), as well as Dr. Bristowe and myself, had mentioned this unlucky subject. It is surely needless that I should further deny the suggestion that we were prompted by the committee or by any officers of the Association. The responsibility for the opinions expressed of course rests solely with ourselves. For myself, I may assert most confidently that until my address was delivered no one but myself knew what subjects it would deal with.—Yours, &c.,

JONATHAN HUTCHINSON.

Cavendish-square, W., Sept. 6th, 1881.

To the Editor of THE LANCET.

SIR,—The question of consulting—i.e., meeting at the houses of our patients and mutually arranging therapeutic treatment—can never arise between the few existing true Hahnemannians or homœopaths and ourselves. They know as well as we do the utter futility of such a proceeding, and would never either wish or desire such a consultation. It can only arise in the case of the many truly called "mongrels or hybrids"—i.e., men who, calling themselves homœopaths, practise indiscriminately the system they imagine the patient would prefer: the patient paying his money takes his choice. These are the men we are asked to meet; the true homœopath would never suggest such a thing, except perhaps for diagnosis. I have lately asked a friend of mine—a man who practises strict homœopathy, and would as soon think of practising anything else as of committing suicide—how many men there are in Great Britain who follow Hahnemann, and treat their patients according to strict homœopathic principles. After a little consideration, he gave me the names of about twelve. These twelve are the only survivors in our island of the "master"; men practising what they believe to be the only true principles of medicine, and who would deem it unworthy of the name they bear to treat their patients upon any other system. We are, however, asked now to meet and consult with men who profess to be what they are not, and who are quite ready, "for the sake of the patient," to try anything or everything, and to give up their own opinions at once at the dictum of the consulting physician whom they call in. These are the men who are ready to jump from twenty-grain doses of bromide of potassium to infinitesimal doses of belladonna, and who keep up a flirtation with their new love without caring to be off with the old. By calling themselves homœopaths they attract the few existing patients of that school in their neighbourhood, and, at the same time, are quite ready, at the will of fashion, to treat others according to the principles of the older, or any other, system of medicine. I have seen the prescriptions written by these so-called homœopaths, which would not differ by one grain as to quantity with those written by ourselves. Only a short time since, on calling upon a friend, I was surprised to hear that he had given up his "old doctor," and that he had benefited enormously by the homœopathic treatment under which he had placed himself. As a matter of curiosity I asked him to allow me to see the prescription which had done him so much good, and was amused, but not surprised, to find that it began with twenty grains of bromide of potassium (for a dose), and ended with the direction that a wineglassful of a certain well-known mineral aperient water should be taken daily! If this is homœopathy what, then, do we practise? I have every respect for, and honour, those men who, conscientiously believing in the Hahnemannian doctrine, treat their patients according to their belief; but I confess to having the most profound contempt for those who, enlisting under the banner of one school or the other, will treat their patients to either indifferently. Homœopathy and the so-called allopathy can have nothing in common except diagnosis. The fundamental laws of the one are directly antagonistic to those of the other, and those who follow honestly the one or the other cannot wish for one moment to be expected to meet in consultation, and from which consultation, if any benefit can arise for the patient, either must give up his principles. I may state that I have no leaning to homœopathy, and no intention of defending it for one moment. My only wish is to endeavour to point out to the profession at large what appears to me to be the true light in which to view this question. I fear also that amongst the heads of our profession, amongst men who ought at all times to set us a perfect example, there are to be found some who hold very loosely the great principles of conduct by which the dignity of regular medicine has always been maintained.

I remain, yours faithfully,

London, September, 1881. M.B.

To the Editor of THE LANCET.

SIR,—The sentiments of Mr. Sampson Gamgee of Birmingham with reference to the holding of consultations between orthodox practitioners and homœopaths will be endorsed by a very large majority of your readers, who, I venture to say, will fail to see anything in these consultations but a tacit sanction of humbug and quackery. If the British Medical Association is to be an upholder of quackery through the readers of its annual addresses, it will soon cease to have the confidence of the profession.

I am, Sir, your faithful servant,

AN OLD PRACTITIONER.

Douglas, Isle of Man, August 30th, 1881.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 17, 1881.

THE descent from the great themes which occupied the members of the Medical Congress in London to the discussion at Ryde of homœopathy and the duty of the profession in the matter of consultation with homœopathic practitioners, will remain a curious fact in the medical history of 1881. The explanation of it will continue to be a matter of uncertainty, at any rate until the next meeting of the Council, which we are told by the organ of the Association cannot be for three months. It is satisfactory in the meantime to have assurances in the letters which we publish to-day from Dr. BRISTOWE and Mr. JONATHAN HUTCHINSON, that their allusions to homœopathists and consultations with them were not inspired by either the Council or those who lead or use the Association, for our fear never was great that any considerable number of the practical members of the Council ever gave the sanction of their authority to the practice of consulting with homœopaths. The remarkable double attack upon one of the most reasonable and the best justified canons in medical ethics was like the inspiration not of a practitioner, but rather of one to whom therapeutics was a region neither known nor respected, and who was not in the way of being consulted. Meantime the Council ought to feel grateful to us, as we are sure the members of the profession are, for a prompt and absolute repudiation of the views of Dr. BRISTOWE and Mr. HUTCHINSON. A quarter of a year is a long time to wait. We should have thought that occasion might have been found at the meeting at Ryde, by men less ingenious than those who "inspire" the arrangements, to give the members of the Association an opportunity of expressing their views on the subject on which they had been so elaborately lectured, and by which the Association itself was well-nigh compromised. Failing this, a special meeting of the Council would not have been a step in excess of what is demanded by the gravity of the position in which the Association has been placed by Dr. BRISTOWE and Mr. HUTCHINSON. The journal of the Association itself had no spontaneous word of disapproval, be it remembered. Had not we directed attention to the attempted reversal of the judgment of the profession in all countries on this question, there is nothing to show that the organ of the Association would have noticed the attack on an established principle of conduct. For aught we know to the contrary, the doctrine taught by those most prominent in the Association might have been left without a protest to leaven the profession, and to be revived in a bolder form by those who may hold a similar position next year, and, in view of the illness of a marquis or an earl, find it convenient to consult, "wittingly or unwittingly," with those who either hold the doctrines of HAHNEMANN, or, having abandoned them, persist in the use of his shibboleth before the public, as if it were still part of their belief, or of the great system of scientific and rational medicine. In view of this apathy and inaction on the part of those who profess to represent the Association, we must continue to think that the members have a good right to complain, to demand that in future years occasion shall not be taken to waste precious time in first demonstrating the absurdities of homœopathy and then the propriety of meeting homœopaths, and that in the event of such a misuse of the positions of honour accorded to the principal speakers an opportunity of protest shall be afforded.

These views are not the result of a mere want of "benevolence." The position of the bulk of medical men now professing homœopathy is a very serious one in an ethical respect. Mr. HUTCHINSON estimates that nineteen out of twenty medical men who adopted homœopathy in its early days did so because they saw their "interest" in doing so. This is a severe calculation, and some of us may be disposed to estimate more literally the intellectual weakness of men. But however this may be, homœopathy has been played out. Everything is conceded by those who practise it but the name; and a correspondent to-day tells us, on the authority of a faithful disciple of HAHNEMANN, that there are only about a dozen such disciples left in the whole kingdom. Our readers will remember that the Vice-President of the British Homœopathic Society, in a letter to Dr. RICHARDSON, published by us four years ago, admitted practically all we say about the system and those who profess it without practising it, adding, "*therefore it is unwise and incorrect to assume the title of homœopathist.*" Under these circumstances, who is responsible for the exclusion of homœopathists? They isolate themselves by labeling themselves homœopathic, and by attaching the adjective to their hospitals, to their colleges, and to their journals. We have now to complain not only that homœopathy is contrary to reason and to the science of medicine, but that those retain its name who have abandoned all its essentials principles, and by doing so grossly mislead the public. In this charge we shall have the concurrence of honest homœopaths as well as of the body of practitioners. We are as weary of this schism of the profession as Dr. BRISTOWE or Mr. HUTCHINSON, but we wish it to be healed thoroughly, and on principles as sound and honourable as those on which hitherto it has been most properly maintained. Until this is practicable, and the name of homœopathy as a distinctive system is formally abandoned, we advise every medical man to refuse to meet its professors. He who does otherwise not only violates a sound rule of medical ethics, but is not likely to do either his patient or himself good in the long run.

IT is often quite as interesting to observe the tendency of scientific inquiry as to learn new facts which have been actually established. When some "finds" have been made which suggest new lines of research our interest is sure to be aroused, however ungenial may be the tract to be explored. It is for some such reason as this, apart from its practical side, that the study of the remote effects of syphilis recalls the interest of the pathologist and the practitioner again and again. In so many directions during the last few years has the influence of this poison been traced; in the bones to a far greater extent than our predecessors had supposed, in nearly all the thoracic and abdominal viscera, in the larynx, in the bloodvessels, in all the structures of the nervous

system and the organs of special sense—not only in the acquired but in the inherited form—evidence of syphilitic disease has been established. Thus we are gradually filling up one gap after another in our knowledge, and it would seem not improbable that in another generation a syphilitic affection of every tissue and organ may be recognised pathologically, and in many cases clinically also. We venture to think that the more carefully syphilis is studied the more convinced we shall become that its natural history is definite and specific. We may not be able to discriminate the microscopic differences between a fibroid induration due to syphilis and one due to other causes; but if we can only get the chance of tracing the life history of that induration, it seems not presumptuous to believe that we shall recognise characters proper to it and to no other. Those who study the morbid anatomy of this disease, as well as its manifold manifestations during life, will be the last to ascribe all vague, inexplicable ill-health and cachexia to its influence; for, extensive as the results of syphilis may be, the more we study them, as we have stated, the more definite they appear; and always excepting the early febrile stage, the constitutional suffering in the majority of cases seems to have a distinct relation to local conditions. There is little doubt that some of the lesions at one time regarded as rickety are really syphilitic. At the debate at the recent Congress the value of M. PARROT'S researches on the early osseous lesions of congenital syphilis was frankly acknowledged, but his contention that all rickets is the outcome of syphilis received only a single supporter. It is unquestionable that syphilitic children may become rickety, but the flaw in M. PARROT'S reasoning is that he cannot absolutely exclude factors which are known in non-syphilitic children to have induced rickets. For our part, so far from admitting that congenital syphilis is the only cause of rickets, we doubt whether it is a factor at all. The mothers of syphilitic children are occasionally cachectic and ill-fed, but often quite the reverse. But this we can assert, that children the subject of severe syphilis, when suckled by a healthy mother, have been observed to grow up without any sign of rickets. On the other hand, in a family where syphilis can be absolutely negatived, it has been noted that, of successive children, those who were suckled were healthy, and those who were brought up by hand were rickety. But it is very rare that we can get such crucial cases amongst the poor. Impoverished mother's milk and more or less mischievous hand-feeding are the rule, and it is no wonder that the vast majority of syphilitic children are rickety likewise. It is an open question whether the conjunction of these two diatheses produces a hybrid form. For our part we doubt it. The cranial bosses around the anterior fontanelles which M. PARROT has described are often found in syphilitic children who are also rickety, but they are to be found well-developed in some syphilitic children who have no sign of rickets.

Thus far we have been dealing with clinical evidence, which in its own province is quite as good as the evidence of morbid anatomy. But there are certain collateral points raised by M. PARROT, turning especially on anatomical questions, which did not receive the attention they deserve, and to which we shall make brief reference. First, it seems doubtful whether such a disease as fœtal rickets, properly so-called, exists. MUELLER and EBERTH, as also M. PARROT, have shown that many of the specimens so described, although presenting a superficial likeness to rickets, are essentially different. In these cases there is no broad zone of proliferated cartilage at the junction of the epiphysis with the shaft, as in true rickets, and the serial arrangement of the cartilage cells in the developing bone is defective. The growth of the bone is almost entirely due to the periosteum, and the bone is at a very early period firm and hard, instead of being soft and flexible, as in the early stage of rickets. This so-called fœtal rickets depends on an altered pattern of bone development, and finds its proper place amongst congenital malformations. Next, with regard to animal rickets, M. TRIPIER and M. PARROT have both repeated the experiments made long ago on young dogs, with regard to the artificial production of rickets by alterations in their proper diet. They both find that a condition is produced allied to osteo-malacia rather than true rickets. The bone is unquestionably softened, and deformities and fractures can be produced, but the spongioid material characteristic of rickets is not produced. There is no zone of proliferated cartilage along the epiphysial line.

We hope that further investigations on this subject may be undertaken, as well as on the occasional undoubted formation of massive diffuse osteophytic deposits on the bones of carnivora under faulty hygienic conditions. It was contended by some of the speakers at the debate that rickets can be induced by the supervention of an acute illness which confines a previously healthy child to bed for a time. More careful observations on such cases are desirable, and especially post-mortem observations. It is a common enough statement in the out-patient room that a child, say of eighteen months old, was "taken off its feet" and delayed in teething after an acute illness, but these points are hardly sufficient to establish rickets. It cannot be denied that in very many cases acute and chronic diseases in infants are *not* followed by rickets. For example, in the acute tuberculosis of children under twelve months old (which is to be found sometimes, TROUSSEAU'S dictum notwithstanding), deformity of chest, nodulation of ribs and long bones, are conspicuously absent. Also in young infants suffering from gastro-enteritis which is accompanied by much emaciation there is no nodulation of ribs or deformity to be found. A considerable assimilation, though it be of unsuitable aliment, seems to be a *sine quâ non* for the production of rickets. Whether the condition of bones induced in some of the cases after acute illness may be allied to osteo-malacia rather than to rickets, as suggested by M. PARROT, remains for further inquiry. On the subject of cranio-tabes we must also wait for more investigation. It seems probable that, although sometimes found in rickety children, it is not in itself a sign of rickets, whilst it occurs sometimes in syphilitic children neither rickety at the time nor subsequently so. The question to be determined is, how far a small degree of it may be physiological.

IT will be within the recollection of our readers that at the annual meeting of the Fellows of the Royal College of Surgeons in Ireland in June last, a resolution recommending that the Education Scheme of the Council as amended in committee should not be enforced until equivalent regulations had been adopted by a majority of the other licensing

bodies, and that a scheme should be prepared in conformity with the recommendations of the General Medical Council, was lost by only a very narrow majority. As the report of the Council was only presented to the Fellows a week before it came to be discussed, a good deal of dissatisfaction was expressed at the time at the way its consideration was hurried through. Since June this feeling has grown, and it has come about that even some of those who at first sight were favourable to the scheme have, on maturer consideration, changed their opinion. A strong effort is now being made to induce the Secretary of State to refuse his consent to the scheme until a more complete expression of Irish opinion has been laid before him. This is a most serious step to take, and one that is only justifiable in extreme cases, and it is very doubtful whether he will feel called upon to deviate from the usual course.

The curriculum required by the College of Surgeons has long and urgently demanded reform, and it was hardly possible that any alterations in it at the present time could make it worse; but along with the improvements introduced in this new scheme, such as prolonging the period of study by a year, a compulsory examination each year, examination in Midwifery, the requirement of attendance upon only two instead of three courses of lectures on Anatomy and Physiology, and the substitution for one of two courses of Physiology and Surgery of a practical course in each, are several regulations which can have no claim to such a name. One great blot on the scheme is its failure to provide or insist upon adequate instruction in all the subjects examined in; another is the want of proper adjustment of the subjects taught and examined in, so that the year's work in the schools will not prepare the student for the examination at its close. Again, the curriculum is incomplete in one most important particular, for it does not insist upon a knowledge of Pathological Anatomy; while perhaps the greatest blot of all is the singularly deficient provision for the proper employment of the first year of study—the most critical period—for the student is merely recommended, not compelled, to attend lectures on Anatomy and Chemistry, and is dissuaded from dissecting, as work in the dissecting-room is not recognised. Here, surely, is abundant evidence that the new scheme does not meet the requirements of the case, and there is every reason why an active agitation should be carried on to prevent its being enforced. It is to be hoped that, for the scientific credit of its members, the Council will take steps to modify and improve it; or, should such attempts fail from inability to adjust conflicting claims and opinions, it would be wise to wait until the Royal Commission has issued its report, when probably all licensing and teaching bodies will find cause to alter their existing regulations.

THE present year will long be memorable for its Scientific Congresses. Medical science has seen its greatest gathering of devotees from all parts of the civilised world; and now the British Association for the Advancement of Science has held its Jubilee Meeting at York, which has been attended by no fewer than 2500 members, and by universal consent has been a great success. The President, Sir JOHN LUBBOCK, had no difficult task in pointing out the wonderful progress science has made during the last fifty years, and in every one of the sections the papers read and discussions held bore abundant testimony to the fact that all fields of science are being explored with an increasing energy by a large and growing body of workers. We, as medical practitioners, have every cause to rejoice in this scientific progress, for there is no department with which we have not some relation, and our practice being founded on science, more knowledge of Nature and her forces is ever increasing our powers of contending with those exhibitions of them that are hurtful to man. We propose to draw attention to some papers and addresses which have a very direct bearing upon medical science and practice.

Dr. BURDON-SANDERSON, the President of the Section of Anatomy and Physiology, devoted his opening address to a consideration of the discoveries relating to animal motion made during the last fifty years. He especially dwelt upon the fact that vital forces, so called, are exhibitions of the better known physical forces under special circumstances, and asserted that the death of "vitalism" had been the greatest advance in physiology since HARVEY'S great discovery of the circulation of the blood. The address was followed by a paper from Dr. M. LUBBOCK, to combat the idea that the colour sense has been recently developed in man, and to show that the absence of reference to colours, especially blue, in Homeric and other old writings, is explicable rather by the lack of colour names. In another section Sir J. LUBBOCK described some ingenious experiments, which proved the existence of a colour sense in bees, and that blue is their favourite colour, orange being the most unpopular. Professor S. THOMPSON attacked again the problem of the use of the two ears in the perception of space, and after discussing the views of others, asserted that "judgments as to the direction of sounds are based in general upon the sensations of different intensity on the two ears of the individual tone or tones of the clang, for which the intensity difference has the greatest effective result on the quality of the sound." The influence of the form of the pinna on the perception of sounds was also alluded to.

Dr. J. C. EWART, who has already done good work in the observation of the vital processes in bacteria, read a very interesting paper on a recent epidemic of Fever in Aberdeen. About 300 persons in all were attacked with the disease, which was ushered in with a rigor, depression, and rapid pulse, followed by sharp pyrexia, and inflammation or even suppuration of the cervical lymphatic glands. In from twenty-four to forty-eight hours the symptoms subsided, but every second day a relapse occurred, even as many as six times over, a different set of glands and lymphatics being affected each time. It was found that all the patients had been supplied with milk from one dairy, the milk from which showed abundant micrococci, fungi spores and spores like those of bacillus anthracis. The spores germinated into delicate bacilli and long spore-bearing filaments. Similar spores and bacilli were found in the pus taken from one of the abscesses. Inoculation of rats with either the milk or the pus caused convulsions and rapid death; and the tissues of the rats, especially in the neck, were infiltrated with bacilli, which on cultivation developed into spore-bearing filaments; these, again, were inoculable, with the same train of results. The spores were traced into

the water cistern, which they had reached from the tank in which the hay was steamed. But the bacillus could not be converted into the common hay bacillus, nor that made to assume virulent properties. By cultivation the bacillus became gradually less active, and, kept at a temperature which prevented the formation of the spores, the virulence ultimately disappeared.

Referring to the development of these minute organisms was a paper of Professor TYNDALL'S, which corroborated the results obtained in 1877 by Dr. DOWNES and Mr. BLUNT as to the influence of sunlight in arresting the development of bacteria. Flasks of strong animal and vegetable infusions sterilised in the usual manner, and which had been preserved for two or three years, were used for the purpose, the ends having been snapped off, and each infected by brook water, or an infusion known to be rich in organisms. Those flasks that were kept in a darkened room, or shaded from the sun, in twenty-four hours became turbid; while those exposed to the sun's rays were clear for even thrice that time. The energy which prevented putrefaction was in the radiant form. Insulation did not sterilise the flasks, for in a warm kitchen those previously exposed to the sun, quickly became turbid. The arrest of the development of the "germs" produced by the sun's rays during the day lasted through the night, and it was a suspension merely, not a destruction. This is merely a corroboration of Dr. DOWNES' results on a larger scale, and it is a pity the experiments were not more complete, and that the different effects of the various constituents of the solar radiation were not determined. The practical outcome of such knowledge, however, is most interesting, and we have demonstrated here a veritable "power of darkness."

The influence of light upon organic processes was also illustrated by Dr. SIEMENS in a record of some further observations on the effects of the electric light upon vegetation. The experiments were continued during the whole of last winter, and on a large scale. A lamp equal to 4000 candles was suspended in a large glass house, and another similar one hung twelve to fourteen feet above some sunk greenhouses. The lights were lit at 6 or 5 P.M., and extinguished at dawn, and solar light was not excluded during the day. The outside lamp was protected by a clear glass lantern, and the beneficial effects previously noted and recorded in the Proceedings of the Royal Society — uninterrupted growth, production of chlorophyll, and rich bloom and fruit—were observed. The light inside the house was at first used naked, and its effects were early seen in the withering of all the plants exposed to its influence. The effect of interposing artificial "clouds" of steam between the light and the plants was not happy, and it was found necessary to use a lantern of clear glass round the light, both for the discharge of the chemical products of the arc, and to act as a screen to the light. The effect of a screen of clear glass was strikingly shown by exposing part of a plant to the naked and part to the screened light, when, even after a few hours, the line of demarcation was sharply marked both on the leaves and stems of the plant. These experiments also show that the luminous rays are not mischievous to the growth of plants, but that the evil effects observed must be attributed to the influence of the highly refrangible invisible rays in which the electric arc is so rich. On using screens of different coloured glass to patches of sown mustard-seed, it was found that with the naked light the growth was stunted and the leaf dark and partly shrivelled; under clear glass the largest amount of, and the most vigorous, growth was induced; under yellow glass the plants nearly equal in size to the last were greatly inferior in colour and thickness of stem; under red glass the growth was lanky and the leaf yellow; while under blue glass the growth was still more lanky and sickly. The yellow ray was thus shown to be more active in promoting vegetable growth than the violet ray. In the glass house wheat, barley, and oats shot up very fast, but they fell to the ground before coming to maturity from their growth being too rapid; in the open air, however, the beneficial influence of electric light during the night was very manifest upon these cereals. Fruits came to maturity quickly, and were unusually large and delicious, and Dr. SIEMENS was led to conclude that although periodic darkness favours growth in the stalks of plants, the continuous stimulus of light appears favourable for healthy development at a greatly accelerated pace through all the stages of the existence of the plant, from the early life to the ripened fruit, which is superior in size, in colour, and in aroma to that produced by alternating light, and the seeds of which are not devoid of germinating power.

Mr. PREECE read an interesting paper on the application of electricity to the localisation of a bullet in a wound. The idea of using electricity only, without a material probe, for this purpose first occurred to Professor G. BELL, in Washington, who has been working in concurrence with Messrs. HUGHES and PREECE in this country. The apparatus employed is HUGHES'S induction balance, the coils being made movable and portable, and when they are brought over the position of a lodged bullet a sound is produced, the position of maximum intensity of the sound showing that the bullet is then in the axis of the coils. At present, however, no way has been found of telling the precise depth of the bullet, as with a flattened bullet the intensity of the sound is greatly affected by the relation of its plane to the axis of the coils. Mr. TAINTER and Professor BELL have experimented upon President GARFIELD, and obtained a feeble sound over the lower part of the right side of the abdomen. The matter is now actively engaging the attention of such able and successful experimenters with electricity that we may soon hear that the difficulties have been surmounted, and that we have in the induction balance a certain and painless bullet probe.

Professor HUXLEY had a congenial task in discussing the rise and progress of Palæontology, and he surely must have carried conviction home to each one of his hearers when he pleaded for the scientific soundness of the conclusions of palæontologists, and for their immense biological value. Assuming that fossils are the remains of animals and plants, and that the stratified rocks in which they are found are sedimentary deposits, the conclusions seem inevitable that living matter has existed upon the earth for a vast length of time, during which "the forms of living matter have undergone repeated changes, the effect of which has been that the animal and vegetable population at any one period of the

earth's history contains species which did not exist at some antecedent period, and which ceased to exist at some subsequent period." "In the case of many groups of mammals, and some of reptiles, in which one type can be followed through a considerable extent of geological time, the series of different forms by which the type is represented at successive intervals of this time, is exactly such as it would be if they had been produced by the gradual modification of the earliest forms of the series." From this position to the hypothesis of evolution was but a short and easy step!

LAST week, in the "Students' Number" of THE LANCET, we addressed those who are about to commence, or recommence, the study of Medicine, Surgery, and the constituent and collateral branches of science at the Schools and in the wards of hospitals. This week we take the liberty of offering a few suggestions for reflection, which may be equally applicable to the teacher and the taught. No man can be a good teacher who is so occupied with what he conceives to be the greater that he forgets, or has not adequate time to bestow on, the less. This is why, as a matter of fact and experience, the most illustrious and original investigators in science are not, as a rule—though there is no rule without exceptions—good teachers. The student, who must be assumed to be preparing himself for the *average* duties of his profession, will hereafter find that success in practice is gained by the lesser qualifications for work at the bedside and in the consulting-room than by those greater gifts which make a few men distinguished among their fellows. It may happen to the general practitioner—and the profession must always consist principally of general practitioners—to make a brilliant diagnosis, to discover a previously unrecognised fact in pathology, or to light on a new drug, or a plan of treatment, once or twice in his career. He cannot reasonably expect more than this as his share of the "good things" in professional life. So with the physician and the surgeon, though there may be greater opportunities in hospital than in private practice, the occurrence of special occasions for the display of unusual ability must be exceptional. Meanwhile the bulk of business, the daily duty, the ever-present opportunity of doing good, will consist, for all orders and classes of practitioners, in small and average work; and in respect to this, as we have said, it is in the province of *detail* success must be won. Much that men call great is essentially hollow; its seeming worth is meretricious, and the talent of the producer, who is highly esteemed for his work's sake, is, after all, of no exceptional excellence. Time alone can determine whether work is really good in the sense of being good throughout in detail as well as in result.

To be a thoroughly good clinical teacher is the highest and most enduring merit with which a physician or surgeon can be credited. The most stable and, in every worthy sense, the best professional reputations have been built on this foundation. The profession may hear much of the renowned discoverer, the eloquent lecturer, or the distinguished writer; his name may be frequently on their lips; but it is to the master of details in practice the public repair, and in his skill and striving for success they confide. It is especially necessary just now to draw attention to this matter. There is a tendency to attach superior importance to the greater and seemingly weightier matters of science and art than to the less. Nevertheless, for one man who makes a name by the differentiation of some special form of disease, or the origination or revival of a particular method of treatment, a thousand may and do win good reputations for solid ability without once waking the echoes of the welkin by any special shout of triumph or the applause which, readily enough, greets any sensational discovery.

It is generally too late for men who have neglected the less for the greater in student life to repair the defects of qualification which have resulted from this blunder when they begin to realise their existence in practice. The man who has a profound acquaintance with the uncommon diseases of the skin—affections of which he will probably not see half a dozen cases in a lifetime—knows little or nothing of the every-day maladies for which his aid will be in frequent requisition. He can discourse learnedly on organic disease of the heart, but he has never thought of the slight functional disturbances which are described as "palpitations." The teacher forgets that the common-place cases and subjects which he has mastered, and perhaps forgotten, the pupil has yet to learn; and because the teacher is generally himself a consultant, and does not frequently see cases of *lesser* calibre, he loses sight of the fact that the great majority of cases are small in character and minor in their scientific interest. The student naturally takes his tone from the key in which his teacher's lectures and clinical teachings are set, and as a result of bad example and defective precept he falls into a habit of neglecting the lesser for the greater, and when he comes to engage in the average business of life he fails.

This is a matter of much moment, and we make no apology for bringing it to the front at the commencement of a new session. We have repeatedly pointed out the evil of neglect in regard to the *practical* details of medical and surgical work, and complained that teachers do not instruct, and pupils do not learn, how to treat *patients* as well as cases, and are therefore compelled from lack of knowledge to hand over the nursing and management of a patient, upon which perhaps everything depends, to the tender mercies of a "trained nurse." We would recall to recollection all that has been urged in these columns on this important subject, and blend the two lines of reasoning in one earnest appeal to teachers and learners to be more *thorough*, more practical; to pay closer attention to details than heretofore, and to think more of the less than of the greater, because although the less naturally develops the greater, the greater does *not* necessarily include the less.

THE Queen has been graciously pleased to approve of the honour of Knighthood being conferred upon George C. M. Birdwood, M.D., C.S.I., of the India Office, late Bombay Medical Staff. Dr. Birdwood is the eldest son of General Christopher Birdwood, late of the 3rd Native Infantry, and Commissary-General, Bombay. It is understood that it is for his services on behalf of Indian art, in the prosperity of which the Queen and Royal Family take the deepest personal interest, that Dr. Birdwood has now received the honour of Knighthood.

Annotations.

"Ne quid nimis."

OUT-PATIENTS AT HOSPITALS.

A CORRESPONDENT of *The Times* has, without intending it, recently done not a little to hasten the reform of the out-patient department of the metropolitan hospitals. A person who allows it to be assumed that he is an extensive employer of labour announced in the pages of our contemporary that he suffered one of his *employés* to spend seven hours one day waiting at Guy's Hospital for *gratuitous* medical relief in the shape of having some strapping put on his leg. This person not only seemed to see no impropriety in the lad obtaining as a charity what he was probably able to pay for, but complained that there should be a lack of promptitude on the part of the hospital authorities in dispensing gratuitous medical relief to any of his workmen, though in the receipt of good wages (for we must infer that this censor pays his servants liberally). To this complaint the organising secretary to the Metropolitan Provident Medical Association returned a tolerably satisfactory answer. The delay at hospitals, this gentleman points out, is due to several causes, but chiefly two—namely, "the readiness with which a large proportion of the population run after anything for which no direct payment has to be made," and secondly, the diversion of funds subscribed to hospitals "for the relief of exceptional pain and distress to the cure of the trivial ailments of persons who have no claim to be the recipients of charity." The remedy he proposes is the establishment of a number of independent and self-maintaining provident dispensaries on the principle of mutual insurance. Much may be advanced in favour of some proposal of this nature, and the time is probably now ripe for its fuller consideration. On every ground it is high time the abuse of hospital relief should cease.

PRESIDENT GARFIELD.

THE condition of President Garfield continues to be one full of grave anxiety, although in some particulars there has been a continuous slight improvement for some days past. The journey from Washington to Longbranch—a distance of over 200 miles—was a formidable ordeal for one in his condition, and its successful accomplishment, while it speaks well for his reserve of strength, was yet largely due to the skilful management of his surgeons and the railroad officials. The change from the hot and unhealthy atmosphere of the White House to the cooler Atlantic coast was likely to be of considerable benefit to the patient, and the result shows that his advisers were right in consenting to the journey. The rise of temperature and the restless night that followed were, of course, to be expected, but the rather quick rallying from the fatigue and subsequent depression was indicative of good vital power. The parotid abscess is closing up, and the swelling and discharge are stated to have almost disappeared. To this abscess are due two symptoms reported in one of the bulletins—deafness and partial facial paralysis. The pus made a way for itself into the auditory meatus, and the swelling of the lining membrane, together with the presence of the pus, caused the deafness. The inability to close completely the right eye is due to partial paralysis of the orbicularis palpebrarum from pressure on its supplying branch from the facial nerve, as it passes through the swelled and infiltrated parotid gland. The incisions made into the abscess were not deep, and there is no reason to think any branch of the nerve was divided by the knife; and so when the swelling of the gland disappears, this partial paralysis will no doubt clear up. There has not been any notable change in the wound during the last few days; and the discharge of pus still continues, but in less amount. The digestive organs have gained strength, and are doing their work better, solid food being taken with relish and to all appearances digested. This is a most important point, for the wasting and debility had reached so low a point that life itself depended upon the power of digesting and assimilating nourishing food. The pulse still continues quick, and until within the last day or two there has been a rise of temperature every evening, as if a condition of hectic were being established. During this week, however, the chief interest has centred in the state of the base of one of the lungs. At first there was reported to be bronchial catarrh, then suspicion of pneumonia arose, and one telegram announced that an abscess had actually formed here. We trust this is not the case, as such a circumstance would give grounds for the worst fears. The more probable solution is that there is a condition of hypostatic congestion of the bases of the lungs, the result of depressed cardiac and respiratory function and the long-continued recumbent position. We are glad to hear that the President has sat up in a chair, for this change of position will do much to relieve his lungs; but until all signs of their affection have passed away the very hopeful prognosis so constantly telegraphed over to this country is not well founded, although it may turn out to be a lucky guess. As we go to press the latest bulletins report continued favourable progress, so that we may hope that the evening pyrexia has ceased, and the state of the lungs improved. If so, the prospect is again favourable; but the convalescence must be protracted and not free from the danger of serious complications.

GREAT MORTALITY FROM CHOLERA AMONGST OUR TROOPS IN INDIA.

WE have been favoured by a correspondent with the following important communication, dated Lahore, August, 1881. "The cholera is still going on, rather increasing in virulence. The following is the official report:—

12th	44	seizures	...	25	deaths.
13th	47	,,	...	16	,,
14th	72	,,	...	41	,,
15th	61	,,	...	25	,,
16th	98	,,	...	44	,,
17th	72	,,	...	50	,,
18th	84	,,	...	51	,,

We have now no men in the fort; they are encamped outside, and are changed every five days. There are only about eight of us altogether in the fort, and the Native Infantry detachment, and a guard relieved daily. We have had a good deal of rain, and the weather is pretty cool. Dining out the other night the cholera, of course, was the chief subject of conversation. The Mussulmans are all praying a good deal more than usual, and the Hindoos blow horns and pray in their way. The gaol, in which there are nearly 2000 prisoners, had a case a few days ago, and they are now suffering severely; they have moved out into camp, the prisoners ironed and guarded by 250 police. What a long while it has lasted! it began in Meean Meer about the 6th of June. Lahore city kept free for a long time, but I thought it would come, as it is a very dirty city, in a disgraceful state as regards drains and cleanliness. It is wonderful the native infantry have escaped as yet, both here and in Meean Meer. It is a dreadful pestilence."

IMPIOUS AND IMBECILE VERDICTS.

THE Coroner's Jury, or the "Crowner's 'Quest," must be an institution with very good qualities, or it would have perished long since under the contempt of mankind. Some coroners appear to do all they can, by discouraging an intelligent inquiry, to make an inquest look as much as possible like a farce. The other day we noticed a case in which a coroner passed over the death of an illegitimate child in a house

where a number of illegitimate births—without any medical attendance—and nearly as many deaths, had happened. In this case the Home Secretary censured the action or the apathy of the coroner. Lately two other cases in point have attracted public attention. Two sober young men, walking home between eleven and twelve o'clock from Ottershaw, fall into a ditch with four inches of water. One extricates himself, and then the other, who does not speak and could not be reanimated, dies. The jury wished for a post-mortem examination; but the coroner suggested that "Found dead" would meet the case, though it neither solved the mystery of the deceased's falling in, nor of his death, nor rightly expressed the facts. A still more glaring case is now before the public, that of Quartermaster Sergeant Arbery, of the 13th Somerset Light Infantry Militia, who died in April last under suspicious circumstances. The coroner and jury relieved their consciences by irreverently attributing the death to the visitation of God. The regimental surgeon, thinking more intelligently of the death of the much-respected sergeant, made a post-mortem examination, which disclosed the fact that Arbery had died from arsenic; and the work that should have been done five months ago has to be done now under unfavourable circumstances. We appeal to Sir William Harcourt to give his attention to these facts. Such mistakes could scarcely be committed by medical coroners. It betrays a fatal want of interest in the great questions which a coroner and his jury have to solve.

ELECTRICAL TETANUS.

M. RICHET has found that strong and repeated electrical stimulation will cause, in rabbits and dogs, a tetanus comparable in its results to the traumatic form, and therefore of some practical pathological importance. As a rule rabbits die from asphyxia, and dogs from hyperpyrexia. The asphyxia in the rabbit is due to the arrest of respiration in consequence of the tetanus of the thoracic muscles, and death may be prevented by artificial respiration. Death occurs much more rapidly than in asphyxia from obliteration of the trachea. The latter only kills in three or four minutes, but the electrical tetanus kills by asphyxia in one minute; this rapidity of death is ascribed to the absorption of oxygen and liberation of carbonic acid during the general muscular tetanus. Prolonged applications may, however, exhaust the muscles, so that the contraction of the thorax may cease, and it is even said that respiration may recommence during the passage of the current, probably by the agency of muscles which have not been tetanised. Animals so exhausted cannot be killed by strychnine, if the application of electricity is continued. A rest of a few seconds permits the current to be again effective. In the dogs the electricity employed was not sufficiently powerful to arrest respiration, and death was due to the elevation of temperature. The ascent of the thermometer was extremely rapid, sometimes three-tenths of a degree per minute, so that after the tetanus had lasted for half an hour the lethal temperature of 111° or 112° F. was reached. This pyrexia is due entirely to the muscles, and not to the nervous system. Chloralised dogs, in which reflex action is abolished, present the same elevation of temperature, which occurs, however, a little less rapidly. The proof that the increased body-heat is the cause of death is furnished by the fact that if the animal is kept cool by artificial means, it may bear for more than two hours extremely strong currents, which cause severe tetanus, without dying for some days. The capacity for generating this great temperature under electrisation does not disappear even after a prolonged application, and it is not influenced by previous fasting for two or three days. The curve of the rise presents at first a gradual ascent, which becomes more and more rapid, especially after the temperature of 101° is passed. Usually death occurs when a temperature of 112° is attained, but in some cases it reached 112·5°, and even 113·3°. If the temperature did not rise above 110° death did not ensue on the same or the following day; after this point, however, although death may not be immediate, it occurs within twenty-four hours. The electrisation does not cause the acceleration of respiration, but this is due to the increased temperature. The thermic dyspnœa commences at 105°, and at 111° the breathing is so frequent that it is hardly possible to count it, and so feeble that scarcely any air enters the thorax. M. Richet believes that these experiments justify the hope that by treating the asphyxia and pyrexia death may be prevented in ordinary tetanus. There is one difference between the facts he observed and traumatic tetanus, which suggests important differences between the two forms—namely, that in the latter the temperature continues to rise after death. This was not noted in their experiments, and it suggests that the cause of the pyrexia, and therefore its treatment, may not be the same in the two sets of cases. Moreover, death may occur in ordinary tetanus from exhaustion, without hyperpyrexia. Recognising this difference, however, the facts ascertained certainly indicate the importance of keeping down the temperature in those cases in which it exhibits a tendency to rise to the extreme height often attained.

THE COMMITTEE OF THE SWANSEA HOSPITAL AND SEA-BATHING.

THE Committee of the Swansea Hospital have been recently shown up in a somewhat unpleasant fashion by one of their medical officers, and it appears, from the statements which were made at a special meeting of the governors held on the 8th instant, by members of the committee, not without reason. Some months ago, Dr. T. D. Griffiths, who is well known as one of the ablest, as well as one of the leading practitioners in South Wales, was elected Ophthalmic Surgeon to the Swansea Hospital. It seems that the Board of Guardians of the Cirencester Union have some years subscribed to the Swansea Hospital under the belief that it afforded conveniences for warm and cold sea-water bathing. The belief of the Cirencester guardians was, apparently, well founded, for one of the rules of the hospital is, "The institution shall henceforth be called 'The Swansea Hospital,' its object being to afford medical and surgical relief, and warm and cold water sea-bathing to the sick poor, from every part of the kingdom." A little child, suffering from scrofulous ophthalmia, was sent to the hospital by the Cirencester Board of Guardians for the benefit of sea air, &c. This child came under the care of Dr. Griffiths, and he wrote to the clerk of the guardians of Cirencester stating that there was no provision for warm and cold sea-bathing in the hospital, adding that he had brought the matter before the Committee of Management, but that the majority of that committee were "in favour of gulling the public." This led to a correspondence between the Hospital Committee and the board of guardians, in which the Hospital Committee made but a sorry figure. A committee meeting was held at which Dr. Griffiths was requested to withdraw the offensive expression. Dr. Griffiths having declined to do so, it was resolved that he be requested to resign. Dr. Griffiths, however, could not be forced to resign, except by a vote taken at a general meeting of governors, and such meeting was convened and held on Thursday, Sept. 8th. At that meeting it was admitted by members of the committee that the charge made by Dr. Griffiths was substantially correct, although the way in which it was put was not pleasant to the feelings of the committee. One influential governor stated that he could not object to the use of the word

"gulling" if applied to himself under similar circumstances. On Dr. Griffiths stating that he did not intend in his charge to reflect on the personal honour of the members of the committee, the committee, as represented by its chairman, appears to have been quite pleased with this disavowal, and the meeting passed a resolution on which we will not comment. We cannot think that the committee of the Swansea Hospital have—although their intentions may have been good—really acted in the best interests of the institution. The facts brought out by Dr. Griffiths, by Dr. Prichard, the house-surgeon, and by several speakers at the meeting on the 8th, together with the statements published for years on the title-page of the hospital report, are such as indicate incapacity on the part of the committee. It is perfectly monstrous that one of the ablest practitioners in South Wales should be charged with "impropriety of conduct," and threatened with expulsion from the staff of the hospital, for making a charge against the committee which is admitted to be substantially correct. One good has, however, followed the discreditable squabble. The Swansea Hospital is likely to have hot and cold water baths. The High Sheriff of the county has promised £100 towards this object, and other gentlemen smaller sums. We heartily congratulate Dr. Griffiths on the success of his temerity in charging a committee so active in resenting a well-founded charge. We trust that the governors at their next meeting will find means of directing this activity into a better channel—the interests of the hospital—that the wards which have been long empty will become used, and that the hospital will become, what it has always professed to be, and should always have been, an institution for hot and cold sea-bathing, as well as for medical and surgical relief to the sick poor.

THE ART AND MYSTERY OF NURSING.

THERE is nothing more difficult of definition than the qualities which constitute a good nurse. The difficulty is increased by the rarity of the thing to be defined. The demand for nurses, male and female, gentle and simple, grows apace, and there are many schools for training them; amongst others, the Nightingale Fund Training School for Nurses at St. Thomas's Hospital, the annual report of which is before us, and seems to show that its pupils are in demand for responsible and fairly lucrative appointments. The following is a statement of the probationer-nurses in the School for 1880: Remaining on the 1st of January, 34; admitted during the year, 39; resigned or discharged as unsuitable, 16; completed their year's training and received appointments, 25. Remaining in the School on the 31st December, 1880, of whom 12 were special or lady probationers and 20 nurse probationers, 32. The Committee are very careful to point out the defective supply of satisfactory candidates of the higher class. There are plenty of applicants, but the difficulty is to find applicants competent to fill the higher posts. The Committee would perhaps make a good use of its funds—which, by the way, might be employed a little more freely—in helping a larger number of persons; persons who seem to have the rare aptitude for nursing, but who have not the means of making the ordinary payments. We notice a slight tendency to accumulate funds instead of accumulating good nurses. It is painfully evident—and we will take this opportunity of saying it—that really good nurses are still very scarce, though the public is willing to pay and does pay large sums for very inferior nurses. In private practice the confidence even in trained nurses is not growing so fast as it should. The nurses of the present day are immensely superior to those of former days, but they have still many faults. They are too mechanical; they assume too many airs, and have too little of the disposition to fit in with the general arrangements of a house and to make themselves agreeable to relatives and servants. Some are harsh in manner or hard in hand, and are vulgar enough to frighten their patients by stories of the wonderful cases they have seen. Not a few seem to think of nothing so much as their own food and drink, developing a wonderful capacity for beer or spirits, forgetting that such habits narcotise and make them sleepy and selfish. We make these remarks with extreme regret, but with great seriousness. Perhaps the rewards of good nursing are insufficient. The wages given by many of our Nursing Associations in private practice are too low. Some system of rewards or marks is wanted. The testimony of medical men under whom nurses act should be more systematically sought. Candidates of low tastes and character should be rejected at an earlier stage of their probation, and various other precautions ought to be taken to ensure that nurses with whom the sick are to be left in their helplessness, and in the night, are docile, trustworthy, kind, and apt at doing gently what the sick need to be done.

UNQUALIFIED PRACTICE AND FATAL MIDWIFERY.

A PAINFUL case of alleged neglect by a medical man at Poplar has recently been investigated by Mr. George Collier, coroner for the Eastern Division of Middlesex. The patient, Mrs. Harvey, was seen early on the morning of the 2nd of August by Mr. Ford, who said he was leaving for the country that morning and would place the case in the hands of another medical man. When the patient sent again an unqualified assistant went to see her, who did not think it necessary to stay, but asked Mr. Sewell, to whom on the 1st of August Mr. Ford had transferred his practice, to see her, which he did. Between 5 and 5.30 another message came, and Mr. Sewell being still out, the assistant went and attended the case. As to this stage of the matter there is a conflict of evidence. One at least of the witnesses said that instruments were used, the cord pulled very much, and that the doctor was in a hurry. The assistant said no instrument was used, nor any draught given, as had been alleged. Thereafter puerperal pyrexia was developed, and Mr. McAndrew was called in, who found a temperature of 105°, &c. The deceased died on the 17th of August. At a post-mortem by Mr. McAndrew ulceration of the intestines was found, and some putrid adherent placenta. The assistant refused to attend, and brought on himself the severe but just censure of the coroner. The jury found that the deceased died from natural causes, but they thought in future Mr. Ford should employ none but duly qualified assistants.

Two points strike us in this case. First, we entirely concur with the jury that lying-in women who appeal to a medical man should have only a qualified practitioner to attend them. This case is another illustration of the evil of unqualified practice. We do not say that there was any malpraxis. Possibly no qualified man could have done better than the assistant did. But here is a patient, who had wisely placed herself under the care of a qualified medical man, allowed in the course of events to be attended by a medical student, and to have the placenta partially left. The second point is this. Here are two or three medical men involved or interested in a case. It seems to us desirable in such circumstances that the post-mortem should be entrusted to a perfectly independent pathologist. Mr. McAndrew seems to have acted with perfect courtesy to the others concerned, and gives a good clinical and pathological account of the facts. Still we think he would agree with us that when such serious issues are involved a pathological report by an unbiased and perfectly disinterested witness would greatly fortify the conclusions.

THE AWARDS AT THE MEDICAL AND SANITARY EXHIBITION.

WE greatly regret to find that there is considerable dissatisfaction in several quarters with the awards of some of the judges at the recent Medical and Sanitary Exhibition at South Kensington. Although it can rarely if ever happen that such awards give equal satisfaction to the successful and the unsuccessful, we are compelled to admit that in this case the complaints are as justifiable as they are serious, and that it is equally impossible to find a satisfactory reason for some of the errors of commission and omission. One of the strangest blunders of all was made by the Executive Committee, who actually allowed one of the judges to adjudicate on articles for which he is the English agent—a blunder which, however, has become a scandal from the fact that these articles received an award; and when we add that the articles were a secret "worm-powder" and an "Oriental balsam," neither of which ought ever to have been admitted to the Exhibition, it is evident that we have here a miscarriage of justice which calls for instant correction. But almost as bad as this is the omission to give awards to some of the very best drugs that were to be found in the Exhibition—an omission that appears altogether inexplicable. The one form of pill that is a real advance on anything previously manufactured, is, strange to relate, the *only one* not commended by the judges. The best known, and in this country the largest used, extract of malt is, again, the *only* extract of malt to which no award is given. Other excellent drugs and preparations that have been similarly passed over without apparent reason are such as Wyeth's compressed tablets, Fellows's hypophosphites, Bishop's granular effervescent salts, Burroughs and Wellcome's hazeline and beef-and-iron wine. Other like examples might be cited, and to them we could add instances of the official commendation of articles which to the uninitiated seem quite unworthy of it. It is announced that these awards are to be distributed shortly at the Parkes Museum; but there is abundant time to remedy these and other palpable defects, and the Committee of the Parkes Museum owe it to the profession, the public, and the exhibitors, to prevent such glaring injustice being done with their sanction. The Exhibition has been a success in so many other ways that we are extremely sorry to have to draw attention to the above unsatisfactory feature in it; but mistakes having been made, steps ought to be taken at once to correct them as far as possible.

TYPHOID FEVER IN ATHENS.

CONSIDERABLE alarm prevails in Athens at a sudden outbreak of typhoid fever in that city. It is said that at the present time there are more than four thousand cases of this disease under treatment out of a total population of 70,000 persons. There has been a general exodus of everyone who could get away from the city. The city appears to be without any system of drainage, or any organisation for emptying the cesspools into which the house-drains are discharged; the police have authority to examine the house drainage, but this authority is seldom exercised, and the cesspools generally overflow into the surrounding earth. The law provides for strict inspection of abattoirs and butchers' shops, but no inspection takes place; butchers are allowed to throw their offal into the streets, and heaps of fermenting filth are permitted to remain in the vacant spaces and around the outskirts of the city. It is supposed that this epidemic has been to some extent intensified through the Mayor having, in order to supplement the water-supply during this exceptionally hot summer, utilised for street watering the water of a stream, in which the city launderesses have their washing pools. Thus, water in which the linen of Athens, with its civil and military hospitals, has been washed, has been used upon the streets of Athens, which is esteemed to be at the same time one of the windiest and dustiest of European cities. It is quite possible that in this manner the typhoid fever germs have been widely distributed with the street dust. It is noteworthy that Athens is one of the few European capitals which does not contribute to the international vital statistics of large towns. It may be hoped that the local attention which has been arrested by this typhoid fever epidemic may lead to the permanent sanitary improvement of the city; this movement would be materially promoted by the publication of trustworthy mortality statistics.

"MILITARY NURSES."

WHEN, three months ago, a meeting was held at Woolwich, under distinguished patronage, to found an Association for the instruction of soldiers' wives in nursing, we expressed strong doubts as to the success of the undertaking. We were led to do so partly by the remarkable opinions expressed by some of the leading promoters, and partly by a conviction that few if any of them realised the difficulty of the task before them, or had a just appreciation of the qualities required in a trained nurse, or the mode in which these might best be brought out in women who possessed them. We learn from a military contemporary that the accuracy of our opinion has been already made manifest, for we find in its columns a statement that "the military authorities have requested that the word 'military' may be struck out of the certificates given as 'military nurses' to the soldiers' wives at Woolwich. It appears that the training given was defective, and did not satisfy the ideas of the authorities as to what constituted an efficient nurse." We are not the least surprised at this decision, and are glad to find that the authorities have had firmness to refuse their sanction to palming off upon the army inefficient and ill-trained women as efficient nurses. The founders and promoters of the Association must entertain very peculiar notions of what is required in good nursing if they think this can be acquired by uneducated women—for of that class most soldiers' wives are—in the short space of two or three months, the time during which the Association has been in existence. If female nurses are to be employed in the army at all, they must be thoroughly trained, or they will be worse than useless—they will be a mischievous encumbrance in the hospital. If the Association is to go on with any prospect of doing good, we would recommend its leaders carefully to study Miss Nightingale's admirable book on the subject of nursing and the various papers issued by the Committee of the Nightingale Nursing Fund; and unless they are prepared to train them up to the standard of qualification laid down for probationer nurses, the sooner they drop the whole scheme the better. We trust that the military authorities will stand out for thorough efficiency in all female nurses whose employment they may sanction in the army.

THE EASTBOURNE PROVIDENT DISPENSARY.

THE report of this institution shows an increase of membership from 1724 to 1830. By Rule 3 any member above fourteen is to pay 3*d.*, and under that age 1*d.* per week. But 4*d.* a week is the payment for a man, wife, and family under fourteen. No person is to be admitted or readmitted when sick except on payment of an entrance fee of 10*s.*, in addition to the weekly subscription. Drs. Habgood and Macqueen have received, for general attendance in the twelve months, £70; and for ninety-nine midwifery cases, £74 5*s.*; in all, £144 5*s.* Mr. Marsdin, M.B., for general attendance, £30; for thirty-two midwifery cases, £24; in all, £54. The report is very defective in not stating the nature and amount of work done by the medical officers.

"TREATMENT OF THE INSANE IN PRIVATE HOUSES."

WE print in another column a letter from Dr. Thomson, of Camberwell House Asylum, in rejoinder to our leading article of the 3rd inst. on the above subject. This communication may be taken as a fair sample of the line of reasoning adopted by upholders of the specialty; and it deals with our arguments in the spirit and after the method characteristic of the specialty. It is surely needless for us to disclaim any "animus" against, or desire to heap "reproach upon, asylum-physicians and asylums." We must, however, be permitted to speak plainly on the subject of the cure and care of the insane; and we think the time has arrived when it is a duty to do so. Nothing can be gained by playing with this subject. We are perfectly familiar with the evidence afforded by statistics; indeed, although Dr. Thomson is apparently unaware of the fact, the statistics of insanity have been frequently discussed in THE LANCET, and full credit accorded to asylum physicians for asylum work. We know all about the percentage of cures calculated upon admission and upon the total number treated, and the rest of the regulation computations. What we do *not* understand is why asylum physicians do not lay aside the traditional reserve of their class and discuss this question of the curability of insanity, and the expediency of different methods of treatment, on common-sense principles. For example, the only part of Dr. Thomson's letter which has any great interest for us is that in which he distinctly joins issue with our assertion that association is bad for the insane. His contradiction of the opinions we have expressed, and to which we respectfully hold—not, as we have already declared, without *some* practical experience to go upon—is intelligible, and we shall be glad to hear equally frank statements by not less competent authorities. We will not at present say more than this, but reserve our reply until opportunity has been offered for other rejoinders. One request only we will venture to make—namely, that correspondents who may dispute our propositions will, in doing so, assume for the nonce that they are not making war on an enemy, or addressing their arguments and remonstrances to a quarter in which only ignorance and prejudice prevail.

MORNING DRAMS.

IF there is one form of "drinking" more injurious than others, it is that which consists in the frequent recourse to drams at odd times between meals. That there is a great deal of this sort of tippling in vogue cannot be doubted, when we take cognisance of the very large and, as it would seem, the increasing number of young men and even women of respectable appearance who are to be met in the streets of London or any large city as early as noon, already to an evident degree under the influence of an intoxicant. Discounting the multitude of such inebriated persons for habitual debauchees, and those who drink so deeply at night that they retain the effects of the poison until late in the following day, it is still only too plain that a considerable proportion of the staggering and half-unconscious or unduly excited individuals about are the victims of the morning dram. It is a serious question whether public-houses should be allowed to begin the day before noon. It is surely unnecessary that workmen and workwomen should commence their potations earlier than the usual dinner hour. As it is, no sooner have the bricklayers, painters, plumbers, plasterers, or carpenters engaged in the repair of a house returned from their breakfast, and arranged their tools, than they go or send for beer. The result of this early beginning of the drink business is that before the afternoon has well set in they are apt to be practically useless, or only able to labour with a great effort for self-control. While the doors of public-houses stand open those who have money will enter and buy drink. Perhaps if the purveyors of intoxicants were not at liberty to commence their dangerous trade until just before the first meal in the day at which stimulants are legitimately taken, there would be a less common use of the "morning dram," one of the most mischievous "drinks" in which the multitude—especially the young—can possibly indulge.

HOSPITAL NURSES: SMALL-POX AND TYPHUS.

MR. P. A. TAYLOR, M.P., in his pamphlet issued in reply to Dr. Carpenter's recent assertion of the efficacy of true vaccination as a protection from small-pox, adopts the usual tactics of anti-vaccinationists. He is very liberal of his abuse of all advocates of vaccination, especially on those points which he finds most difficult to combat. The immunity of nurses in small-pox hospitals from attacks of the disease is one of these points. Some ten years ago it was stated, on the authority of the College of Physicians, that for thirty years all the nurses and servants at the Highgate Small-pox Hospital who had not previously had small-pox had been revaccinated before entering on their duties, and that not one case of small-pox had occurred among those persons. This statement, amply corroborated as it has since been by the experience in numerous small-pox hospitals during recent epidemics, Mr. P. A. Taylor finds it difficult to account for, from his point of view, and, recognising the importance of the statement in the eyes of the public, he not only declares it to be an "utter falsehood," but that it "has been exposed again and again." He also has the hardihood to assert as a recognised medical theory, "that there is nothing very remarkable in the fact that nurses and surgeons, presumably in good health, and *taking every due precaution*, should escape the infection of small-pox, just as for the most part they do of other fevers for which no vaccination is prescribed." Fortunately the public will find it hard to believe, as Mr. P. A. Taylor appears to do, that the explicitly reported experience of scores of medical officers of small-pox hospitals is a tissue of falsehood, and there is no other means of denying the fact that revaccinated nurses in small-pox hospitals do escape attacks of small-pox, whereas nurses in hospitals where typhus fever patients are treated succumb to fatal attacks of that disease with terrible frequency. The Registrar-General's last Weekly Return reports the deaths during last week of two hospital nurses from typhus fever—one in the Deptford Fever Hospital and one in the Fever Hospital at Newcastle-upon-Tyne. We doubt not that Mr. P. A. Taylor will either declare these facts to be "utter falsehoods," or he will ransack medical authorities for some extract which, without context, will make the author appear to support the anti-vaccinationist theory, that if nurses in small-pox hospitals are preserved from attacks of small-pox it cannot be regarded as the result of vaccination or revaccination.

THE YELLOW FEVER AT BARBADOES.

THE advices from Barbadoes by the mail-steamer *Nile* on Saturday are, we are sorry to learn, unsatisfactory as regards the progress of yellow fever on the island. The epidemic was in full force at the date the steamer left, and the mortality amongst the troops, the white population, and the native inhabitants was considerable. Over fifty-eight deaths in the white community had occurred since the commencement of the epidemic. The troops had been moved into camp at Gun Hill, a locality considered healthy. The recent deaths in the garrison comprised Captain Lawless, Army Pay Department; Surgeon-Major E. Ward; Mrs. Ward; a daughter of Colonel Nicholls; the schoolmaster; men of the Royal Artillery, Lancashire Regiment, and Army Hospital Corps. Dr. Ward joined the Army Medical

Department in 1864, and attained the rank of surgeon-major in 1876; he served through the Ashantee Campaign of 1874; medal and clasp. His wife succumbed to the same fever, a few days previously. Surgeon-Major Macadam, who arrived from England in July last, had been attacked with the fever, but had recovered. More recent news has been received by telegram that the epidemic was on the decline.

THE LINACRE PROFESSORSHIP.

THE keen desire to see Oxford put herself into a right position as regards biological and medical science has been much whetted by the lamented death of Dr. Rolleston. It is felt that the way in which the vacancy is filled up will tend to show how far those who are responsible realise the situation of the University in regard to those sciences. It is hoped that a professor will be chosen whose antecedents would prove a guarantee for enthusiasm in the development of the work that has really been well begun by Dr. Acland and Professor Rolleston. So far all is uncertain. Applications have to be lodged by November 1st. Several persons have been named—Mr. Huxley, Mr. Parker, Mr. Balfour, Mr. Flower, Dr. Cunningham, Mr. Jackson, Mr. Moseley. The electors are the President of the Royal Society, the President of the Royal College of Physicians, the President of the Royal College of Surgeons, the Visitor of Merton College (the Archbishop of Canterbury), the Warden of Merton College (Mr. Brodrich). This is a list of electors from whom it is very reasonable to hope for an appointment that will redound to the credit of the University and promote the interests of science.

THE LONDON WATER-SUPPLY.

EVIDENTLY some strange delusion exists among many of the metropolitan population as to the quality of the water distributed for their use by the seven water companies who take their supply from the rivers Thames and Lea. If, on the one hand, it is officially reported that the water of the Thames is deteriorating, or, in other words, that its sewage pollution, the Thames Conservancy notwithstanding, is increasing from year to year, on the other hand it is reported equally to the Local Government Board that the sewage in question must be of Arcadian origin, and as such not to be estimated after the fashion and prejudices of ordinary mortals. Messrs. Crookes, Odling, and Meymott Tidy, in their report to the Local Government Board on the London water-supply for the month of August, say that "in six only of the 182 samples taken during the month were we able to detect, by examining the water in a large bulk with the naked eye, the minutest trace of matter in suspension;" and further that their results, "*which are in accordance with those of all chemists who have examined and reported on the subject* [the italics are ours], show that the water of the Thames, in its flow of some 130 miles as a definite stream, does not acquire any increased proportion of organic matter—the amount of organic carbon and of organic nitrogen existing in the water supplied by the companies not exceeding the amounts existing in the river at Lechlade, where the main stream of the Thames is formed."

SPINAL LESIONS FROM COMPRESSED AIR.

THE paraplegia which has occasionally been observed in professional divers has been ascribed by M. Paul Bert to the effect of the compressed air, and he has reproduced it experimentally by subjecting animals to air compressed to seven or eight atmospheres in special apparatus. MM. Blanchard and Regnard have endeavoured to complete these researches by studying the changes in the spinal cord produced by this influence. Some animals (dogs) died soon after the restoration to normal conditions; others lived several days. One of these was attacked with paraplegia, but recovered perfectly. It was ultimately killed, and the spinal cord was found to present numerous foci of hæmorrhage and evidence of acute parenchymatous myelitis. There was no sclerosis. The minute hæmorrhages existed not only in the grey substance, but were met with in the entire length of the cord; sometimes in the anterior, sometimes in the posterior cornua. The myelitis had the usual characters: hypertrophy and varicosity of the axis-cylinders, and granular masses scattered through the tissue. The change occupied various situations in the white substance, and was in some places of considerable extent. It was least in the lumbar enlargement and was most intense in the dorsal region, where it was so extensive that the recovery of function is difficult to understand.

FALSE ASSUMPTION OF TITLES.

THE *Times* of August 26th reports that at the Southwark police-court the day before Thomas Theodore Thompson, of 40, Jamaica-road, Bermondsey, appeared to answer a charge of representing himself as "Dr. Thompson," though entirely unqualified. Mr. C. J. C. Pridham appeared in support of the summons, on behalf of the South Eastern Branch of the British Medical Association. The prosecutor was Philip Henry Popham, who had paid Thompson 14s. under the impression that he was "Dr. Thompson." The defendant admitted he was unqualified, and said he "merely superintended the dispensary for his brother, who was qualified." The defendant's brother corroborated the statement of the defendant, who, however, was committed to take his trial. Since then the defendant has been tried at the Surrey Sessions, before Mr. W. Hardman and a jury. The jury unanimously found him guilty of misrepresentation, and the court fully concurred. The defendant was fined £10. The superintendence of dispensaries by unqualified persons, acting for qualified ones, is one of the greatest frauds and evils in the metropolis. It is gratifying to find juries and judges agreeing in regarding this as a most serious offence against the public, and punishing it accordingly.

LARDACEOUS DISEASE OF THE KIDNEY.

AN interesting observation on the relation between the minute changes in the lardaceous kidney and the state of the urine has been published by Straus. In a case in which the renal degeneration was very marked, but in which the urine from first to last never contained a trace of albumen, it was found that the degeneration was extreme in the medullary portion, between the straight tubules, but was scarcely to be discovered in the cortex. To the healthy state of the arteries of the glomeruli the absence of albumen is to be ascribed. Conversely, normal urine, when there is other reason to suspect albuminoid disease of the kidney, affords ground for the surmise that the change does not involve the vessels of the cortex.

THE TREATMENT OF SUNSTROKE.

THE recent "hot wave" in New York has produced so many cases of sunstroke that ambulance waggons were provided for the removal of patients to the hospitals for treatment. The plan of procedure, according to the *Scientific American*, was as follows: The patient, stripped of superfluous clothing, was placed, face upwards, on a trestel over a trough filled with blocks of ice, while an attendant played iced water, through a finely perforated nozzle, all over the recumbent body. The result of this treatment was most satisfactory, and the matter is worth drawing attention to, more particularly as of late hot applications have been suggested instead of cold to those suffering from sunstroke.

The medical arrangements in New York are stated to have been admirable, and the ambulance system a credit and a comfort to the city.

HOSPITAL SATURDAY FUND.

WE are glad to notice that very cheerful estimates are formed of the prospects of the Hospital Saturday Fund; we shall be still more so if they are realised. Tables and chairs were lent for the purposes of the Fund by the most distinguished personages—the Prince and Princess of Wales, the Duke and Duchess of Edinburgh, the Duke of Wellington, the Lord Mayor, &c. The Hon. Mrs. Clay presided at a table at the Mansion House; the Hon. Mrs. Ellis at the Peabody statue; Miss Florence Murphy at the statue in front of the Royal Exchange, &c.

AMERICAN DEGREES.

IT is gratifying to see that the American Association for the Advancement of Science at its recent meeting in Cincinnati took action against the continuance of the system of conferring degrees in Science and Philosophy *honoris causâ*. The association agreed to unite with the American Philological Association in a memorial to the colleges of the States not to grant such degrees. There are no less than 360 such colleges with independent charters and no central control. We sincerely sympathise with the true men of learning in science and philosophy in America in regard to this scandal and their attempts to get rid of it.

THE RUSSIAN RED CROSS SOCIETY.

A COMMITTEE of the Russian Red Cross Society, formed under instructions given by the late Empress, has been engaged for some time in elaborating, and has now completed, a scheme for the organisation and working of the Society in time of war, basing its conclusions chiefly upon the experience gained in the late Russo-Turkish War.

THE new Bolton Infirmary was on the 5th inst. opened as an exhibition for works of art, and will for the next two months be a resort for visitors from far and near. The plan, originated by the late Mr. Rothwell, has been adopted no doubt in imitation of the action of the promoters of the Leeds Infirmary thirteen years ago. It has so far proved highly successful, and will, it is expected, result in a large accession to the funds of the institution for whose benefit it was projected. The new Bolton Infirmary is constructed to accommodate seventy-five patients, and takes the place of one built in 1826, which provided twenty-six beds only. The sum required to complete the hospital is estimated at £60,000, of which £35,000 has been already subscribed.

REPORTS which have appeared in several newspapers of the "deadlock" in the medical and surgical work of the Wolverhampton and Staffordshire Hospital seem to have been greatly exaggerated. The gist of the matter lies in the difficulty which has arisen, owing chiefly to the resignation of Dr. Hunt as house-physician to the institution, in coping with the increasing number of out-patients attending the hospital.

THE Order of Knight Commander of St. Michael and St. George has been conferred on Dr. John Kirk, Her Majesty's Agent and Consul-General at Zanzibar.

WE are requested to state that Medals in commemoration of the International Medical Congress can be obtained from the Honorary Secretary-General, 13, Harley-street, W.

WE regret to report the death from cholera, at Mecan Meer, Punjab, of Surgeon-Major Robert Murphy, Army Medical Department. Mr. Murphy entered the army as an assistant surgeon in 1867, and was promoted to surgeon-major in 1879. He served in the Ashantee Campaign of 1874.

A MOVEMENT is on foot at St. Bartholomew's to place by subscription a Memorial Brass in the Hospital Church of St. Bartholomew-the-Less to Arthur Jermyn Landon, a former student, who fell in the discharge of his duty at Majuba Hill, in the Transvaal, in February last.

MR. W. FAIRBANK, M.R.C.S., of Windsor, has been officially appointed as Surgeon to Her Majesty's Household, Windsor Castle, and to their Royal Highnesses the Prince and Princess Christian and household, Cumberland Lodge, Windsor Great Park.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL INSPECTORS OF THE LOCAL GOVERNMENT BOARD.

Llanfyllin (*Rural District*).—This sanitary district is situated within the valley system of the river Vyrnwy, from which Liverpool is about to derive an additional water-supply. An investigation of the sanitary condition of the district, made by Dr. Parsons, discloses some shortcomings in the habitations, the method of excrement disposal (the common privy), the drainage of the houses, the water-supply, and the sanitary administration. The district is divided into five medical relief districts, and the Poor-law medical officers of these districts have been appointed medical officers of health, each in his own relief district. On this arrangement Dr. Parsons remarks: "Without wishing to find fault with the performances of these gentlemen, whose duties have doubtless been discharged as well as could be expected under the circumstances, it must be observed that the Llanfyllin district affords an illustration of the general rule that the sanitary administration of districts in which the district medical officers act as medical officers of health is inferior to that of districts which have secured, either singly or by combination with others, the services of a single officer of special qualifications for the post, at an adequate salary and with a reasonably assured tenure of office."

Walton-on-the-Naze (*Essex*).—This favourite seaside resort of the metropolitan population, particularly that portion of it residing in the eastern districts, is curiously deficient in those sanitary advantages which it might be presumed would have a first position in the selection of a health resort. A report by Dr. Parsons, prepared for the Local Government Board, on the sanitary condition of the district, shows that it has a defective water-supply ("the want of potable water is admitted to be the greatest drawback to the prosperity of Walton-on-the-Naze"), that the sewerage arrangements are imperfect in several respects, and the house drainage too commonly defective, while there is a singular insufficiency of closet accommodation. On this latter subject Dr. Parsons writes: "The providing of sufficient closet accommodation for the large number of excursionists visiting Walton, among whom are many women and children, has been a difficulty in local sanitary administration. To obviate the inconvenience and indecency which the lack of such accommodation occasions the commissioners have lately decided to establish retiring rooms, which are to be movable structures, in order that the most suitable sites may be found by experiment." The commissioners, as sanitary authority, appear to be alive to the sanitary needs of the place, and it would be a matter of regret that any laxity in the execution of their duties should detract from the popularity of a place so easily accessible from the east of London by way of the Thames and by rail.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Huddersfield.—Dr. Spottiswoode Cameron's report for 1880 is largely occupied with an account of a formidable, although circumscribed, outbreak of enteric fever, which occurred in the borough during the last quarter of the year. The estimated population of Huddersfield in the middle of 1880 was 80,955, and the death-rate for the year was 22·05 per 1000 of the inhabitants. The Local Act first obtained for the compulsory notification of infectious diseases broke down, having been found unworkable, and a new Local Act had to be substituted for that first obtained, and the sanitary authority's hospital for the isolation of infectious diseases proved to be too small for the reasonable requirements of the borough. The first Local Act provided that notification of cases of infectious diseases should be given to the sanitary authority only in cases where there was no proper accommodation, the medical attendant being responsible for forming a judgment on the subject. This placed the medical attendant in a difficult position, and in one instance the sanitary authority found it desirable to take proceedings against a medical man for not having given notice of a case of scarlet fever under his care, under circumstances which the medical officer of health held not to afford proper accommodation to the sick person. The new Act gets rid of this difficulty by requiring notice of every case of certain infectious diseases, and Dr. Cameron states that "since the new forms were sent out in November, the medical men in the town have, with scarcely an exception, responded well to the appeal to them to deal loyally in the matter." The outbreak of enteric fever began suddenly towards the close of October, at a time unfortunately when little use could be made of the authority's hospital for purposes of isolation of cases. The outbreak was confined to a limited area of the borough, and suspicion fell at first upon a contaminated water-supply or a contaminated milk-supply as a source of the infection. Both the water-supply and the milk-supply of the infected area were subjected to the closest inquiry by Dr. Cameron, and in both cases they were exonerated from having any part in the determination or distribution of the infection of the malady. The following observations of Dr. Cameron indicate the conclusions he arrived at after an elaborate inquiry into the whole subject: "But it will be asked, seeing that typhoid fever usually exists more or less in autumn, how account for its special prevalence last autumn? The infection is but one of the causes. There seems every reason to think that the typhoid poison is one of those organisms which go through the various stages of their existence under different circumstances; that the organism formed within, or thrown off from the body of a patient, requires for its full development certain conditions outside the body before becoming capable of originating a fresh case of the disease, and that some of these conditions are a nidus of putrescent or putrescible organic matter, and certain favourable conditions of heat and moisture. In the tubs, middens, soil-pipes, and stone drains of the district we are considering was contained the requisite nidus of organic matter into which the stools of typhoid patients have been received during a period when, for several weeks, the rainfall and the moisture of the air had been below the average, and during the latter part of which the temperature was high, the organic poison became fruitful and multiplied. Hence the rapid outbreak over a limited infected area."

The detailed evidence in support of these positions, as given in Dr. Cameron's report, will be read with much interest by those who give attention to the subject. Not less interest will be felt in Dr. Cameron's suggestions for preventing a recurrence of enteric fever in Huddersfield.

THE SANITARY AND CONSTRUCTIVE SUPERVISION OF DWELLINGS.

At the annual Congress of Municipal and Sanitary Engineers, held at Birmingham in July last, Mr. Lewis Angell read a paper, now published in a separate form, which deserves the careful attention of sanitary workers. The burden of his address is that a more efficient and extended supervision of the sanitary and constructive details of all dwellings is necessary; that such supervision should be conducted by the responsible officers of the local sanitary authority; and that it is just and expedient that fees be imposed on all new buildings, to provide the cost of such supervision. Mr. Angell illustrates and supports these propositions in his paper from the results of his own large experience, fully proving the first two of his propositions and giving good reason for the third. A supervision of the sort he aims at, carried out by the local authority, will alone prove commensurate with the evil he would have efficiently dealt with. It is a matter of fact that supervision is not aimed at by local authorities, and it may equally be assumed also, as a matter of fact, that the question of cost of a supervising staff lies at the root of their not undertaking a supervision the necessity for which our legislators have singularly failed to comprehend and to provide for. Even the "model by-laws as to new buildings" issued by the Local Government Board for the guidance of local authorities must be regarded as largely a sham, unless the local authority feels justified in creating a staff of officers who will see, if they adopt them, that they are effectively carried out. Mr. Angell's paper is a contribution to the solution of the question how this may be best effected and how another blow may be struck at that short-sighted sanitary policy which is more concerned with evils which have arisen than in preventing their occurrence altogether.

THE TEMPORARY SMALL-POX TENT HOSPITAL, ST. PANCRAS.

The St. Pancras Vestry is groaning under the unexpected costliness of the temporary small-pox tent hospital it directed to be constructed on ground belonging to its Burial Board at Finchley last April. The cost was then estimated at £1500; but it would appear as if no provision had been contemplated in this estimate for making roads, drainage, obtaining water-supply, and erecting a hoarding round the premises. Moreover, the bed accommodation it was proposed to provide in the first instance soon proved to be insufficient. It now seems that the cost of the hospital has amounted altogether to £3716, the tents costing £800, and their furniture £600. It is further stated that the tent hospital for small-pox, erected also at Finchley by the Islington Vestry, and which contained 122 beds as contrasted with 52 in the St. Pancras tent hospital, was constructed and put in working order at a cost less by £2000 than that spent upon the St. Pancras hospital.

THE FULHAM SMALL-POX HOSPITAL.

The further hearing of the appeal in the case of Chambers *v.* the Metropolitan Asylums Board took place on the 5th inst. The defendants refused to accede to the suggestion made by the Court at the last hearing, and an interlocutory injunction was granted restraining the defendants taking patients to the hospital from localities beyond a radius of one mile from the hospital.

Mr. Lowsley, the district medical officer of St. Giles's parish, Reading, has tendered his resignation under circumstances which are giving rise to the greatest dissatisfaction in the locality, and which must tend to the belief by the uninitiated that the Central Poor-law Authority, the Local Government Board, is more concerned in maintaining the integrity of its red-tape than in guiding itself by the light of local experience. The guardians had voted an increase of Mr. Lowsley's salary from £125 to £150. According to the local journals Mr. Lowsley has done his parochial work in a way to elicit the warmest approbation from rich and poor alike. But the Local Government Board has refused to sanction the proposed increase of salary. The population of St. Giles's parish is 21,000, and here comes the rub. The Local Government Board objects, it appears, to appoint medical officers for districts having a population exceeding 15,000, and it would further seem that efficiency of service and approval of the guardians and persons served go for nothing in the matter. The rule has been laid down by the superior power, and whatever the injustice with which it may be applied in the particular case the rule must be followed. Mr. Lowsley feels aggrieved at the application of this rule in his case, and St. Giles's parish must be deprived of an approved and kindly medical officer, whose loss will fall hardest on the poor.

Among the vagaries of local administration the Driffield Local Board and its Sanitary Committee furnish a curious illustration. According to a report of a recent meeting of the Sanitary Committee it would appear that the Local Board make a virtue of neglecting the reports and the recommendations of the committee, and the committee make a virtue of doing their work in a very perfunctory manner. The meeting was an adjourned one, had thirty-five items of

business to consider, recalled the associations of a bear-garden in its proceedings, and adjourned again without doing even a single item of the business it was convened to consider. The least reprehensible tone assumed in the discussion of the meeting was when one member, moving the adjournment of the meeting and finding himself out of order, claimed the right of adjourning himself. Local administration must have sunk to a very low ebb in sanitary matters at Driffield.

A prosecution recently instituted by the New River Water Company, against certain householders for waste of water, has disclosed some curious and suggestive facts as to the enormous waste water companies may be exposed to who have adopted the system of constant supply in any part of their districts. In one case it was stated that the valve of a ¾-inch constant-supply pipe had been wilfully fixed open, giving opportunity of an absolute waste of 13,000 gallons of water during twenty-four hours.

Miss Octavia Hill, in a letter to *The Times* on the report of the Select Committee of the House of Commons on the Artisans' Dwellings Act, expresses a hope that the Act will be supplemented by strong building Acts.

The Staines Rural Sanitary Authority have determined on the purchase of a site for the erection of an infectious disease hospital.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS

Both the temperature and urban mortality have recently been exceptionally low for the season. During the week ending the 3rd inst. 4927 births and 2542 deaths were registered in twenty of the largest English towns. The births were 259 and the deaths no less than 715 below the average weekly numbers during 1880. The principal zymotic diseases caused 486 deaths, and included 183 from diarrhœa, 113 from scarlet fever, 62 from whooping-cough, 51 from measles, and 36 from fever, principally enteric. Small-pox caused 24 more deaths in London and its suburban districts, whereas no fatal case was recorded in any of the nineteen large provincial towns. The deaths referred to diseases of the respiratory organs in London declined to 115, from 153 and 141 in the two preceding weeks, and were 36 below the corrected weekly average.

During last week 5068 births and 2636 deaths were registered in these twenty towns. The births were 118 and the deaths no fewer than 631 below the average weekly numbers during 1880. The annual death-rate in these towns, which had steadily declined in the six preceding weeks from 25·2 to 17·4, was last week equal to 18·1 per 1000. The lowest rates in these towns last week were 12·2 in Bradford, 12·6 in Brighton, 13·6 in Norwich, and 14·5 in Birmingham. The rates in the other towns ranged upwards to 23·4 in Manchester, 24·2 in Liverpool, 24·7 in Wolverhampton, and 26·9 in Hull. During the first ten weeks of the current quarter the death-rate in these towns averaged 21·4, against 22·2, the average rate in the corresponding period of the last five years. The principal zymotic diseases caused 459 deaths in the twenty towns, showing a further decline from the numbers returned in the six preceding weeks; they included 140 from diarrhœa, 115 from scarlet fever, 67 from whooping-cough, 51 from measles, and 43 from fever, principally enteric. The annual death-rate from the principal zymotic diseases averaged 3·1 per 1000 in the twenty towns, and ranged from 0·5 and 1·2 in Oldham and Norwich to 6·1 in Nottingham, 6·8 in Leicester, and 11·4 in Hull. Scarlet fever showed the largest proportional fatality in Hull, Nottingham, and Leicester; 20 more fatal cases of this disease occurred in Hull, making 149 that have been recorded since the end of June. Of the 16 deaths from diphtheria in the twenty towns, 14 occurred in London and 2 in Portsmouth. The highest death-rate from enteric fever occurred in Bristol and Hull, while 4 deaths from fever were recorded in Newcastle-upon-Tyne, of which 3 were certified as typhus. The fatality of diarrhœa was again considerably below the average for the season. Small-pox caused 29 more deaths in London and its suburban districts, whereas no fatal case was recorded in any of the nineteen large provincial towns. The number of small-pox patients in the metropolitan asylum hospitals, which had steadily declined from 1644 to 557 in the preceding thirteen weeks, rose again to 582 last week; these included 128 in the *Atlas* hospital ship, and 99 in the Convalescent Camp Hospital at Darenth. The new cases admitted to these hospitals during the week were 105, showing an increase of 20 upon the number admitted in the previous week. The deaths referred to diseases of the respiratory organs in London rose to 131, from 141 and 115 in the two previous weeks, but were 15 below the corrected average weekly number. The causes of 64, or 2·4 per cent., of the deaths in the twenty towns last week were not certified either by a registered medical practitioner or by a coroner. The proportion of uncertified deaths averaged only 1·4 per cent. in London, whereas it was equal to 3·2 in the nineteen provincial towns. All the causes of death were duly certified in Brighton, Portsmouth, Norwich, and Plymouth; the proportion of uncertified deaths was largest in Salford, Bradford, and Sunderland.

HEALTH OF SCOTCH TOWNS.

The annual death-rate in the week ending September 3rd in eight of the largest Scotch towns was equal to 18·9 per 1000, against but 17·8 and 17·4 in the two preceding weeks. The deaths referred to the principal zymotic diseases in the eight towns were 78, and included 23 from diarrhœa, 18 from whooping-cough, 12 from scarlet fever, 10 from diphtheria, 9 from measles, and 6 from "fever."

The death-rate in these Scotch towns was equal to 18·8 per 1000 last week, showing a slight increase upon the low rates in the two preceding weeks; this rate was 0·7 above the average rate that prevailed in the twenty English towns last week. The rates in the eight Scotch towns ranged from 10·5 and 13·5 in Perth and Leith, to 20·7 in Glasgow and 23·3 in Paisley. The deaths referred to the principal zymotic diseases in the eight towns were 73 last week, against 74 and 78 in the two preceding weeks; of these, 31 resulted from diarrhœa, 12 from "fever," 11 from diphtheria, 8 from scarlet fever, 7 from whooping-cough, 4 from measles, and not one from small-pox. The annual death-rate from these zymotic diseases averaged 3·1 per 1000 in the eight towns, and corresponded with the rate from the same diseases in the twenty English towns. The 31 fatal cases of diarrhœa showed an increase of 8 upon the number returned in the previous week. The deaths referred to "fever," including typhus, enteric, and simple, which had been but 5 and 6 in the two preceding weeks, rose to 12 last week. The death-rate from "fever" in the Scotch towns last week was equal to 0·52 per 1000, and was nearly twice as high as the rate from the same cause in the twenty English towns. Ten of the 11 deaths from diphtheria in the eight Scotch towns last week occurred in Glasgow. The fatal cases of scarlet fever, whooping-cough, and measles showed a decline from the numbers in the previous week. The deaths referred to acute diseases of the lungs (bronchitis, pneumonia, and pleurisy), which had been but 52 and 70 in the two previous weeks, further rose to 89 last week, and was equal to an annual death-rate considerably exceeding that which prevailed from the same causes in London.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been equal to 15·5 and 21·2 in the two preceding weeks, declined again to 16·6 in the week ending the 3rd inst. The 111 deaths in the city showed a decline of 31 from the number in the previous week, and included but 8 which were referred to the principal zymotic diseases, of which 3 resulted from fever (typhus, enteric, and simple), 3 from diarrhœa, and 1 each from measles and scarlet fever.

The rate rose again to 19·3 last week. During the ten weeks ending last Saturday, the average death-rate in the city did not exceed 19·8, against 21·6 in London and 16·7 in Edinburgh. The 129 deaths showed an increase of 18 upon the low number in the previous week, and included 13 which were referred to the principal zymotic diseases, of which 5 resulted from fever (typhus, enteric, and simple), 4 from diarrhœa, 2 from scarlet fever, and 1 each from measles and diphtheria. The annual death-rate from these zymotic diseases was equal to 1·9 per 1000, while the rate from the same diseases was 2·7 in London and 1·4 in Edinburgh. The deaths referred to "fever," which had been 12 and 3 in the two preceding weeks, were 5 last week, and were equal to a rate which was nearly three times the average rate from the same cause in the twenty English towns. The 4 fatal cases of diarrhœa in Dublin exceeded the number in the previous week by 1, as did the 2 deaths

from scarlet fever. The deaths of infants were fewer than in any recent week, while those of elderly persons showed a slight increase.

HUNGARIAN MORTALITY.

Hungary is well known to enjoy the unenviable notoriety of furnishing one of the highest of European death-rates, and considerable interest therefore attaches to the results of the recent census. Although the country contains 13 millions of inhabitants, the increase in population during the last ten years has amounted to only 11,000. Only France and Russia present a rate of increase of population comparable to this for slowness. In France the result is attributed to "Malthusian" practices, since the births are only 20 per 1000 inhabitants per annum, but in Russia and Hungary the birth-rate is 50 per 1000, and the defect is due to the enormous mortality. The annual births in Hungary vacillate between 560,000 and 600,000, while the deaths, in a year in which there was a special epidemic, numbered 500,000. The mortality is of course chiefly in young children, public hygiene being in a deplorable condition, and, according to Dr. Szalardi of Pesth, the very fecundity of the inhabitants appears to be, strange to say, one cause of the stationary condition of the population. The average number of children born per family is 15, and instances are not rare of 20 or 24. Frequently the interval between successive births is only eleven months, and the women have not only to look after their children, and do the work of the house, but also to attend to the cattle and horses. Overcrowding in the cold of winter alternates with exposure to even less salutary influences during the heat of summer when it is customary to sleep in the open air. The country is for the most part a vast alluvial plain, full of malaria. The stationary state of the population appears to be accompanied by a retrograde condition of mortality, for the number of illegitimate children is steadily increasing year by year, and the number of children born in wedlock is gradually lessening in corresponding proportion.

HEALTH MATTERS GENERALLY AT HOME AND ABROAD.

CONFERENCE ON SMALL-POX, UNITED STATES.

We learn from the "National Board of Health Bulletin" for August 16th, that on the invitation of the State Board of Health for Illinois, a conference of delegates from the State Boards of Illinois, Michigan, Iowa, Wisconsin, Indiana, Minnesota, Maryland, and New York, from the National Board of Health, and the Municipal Boards of Chicago, Milwaukie, Buffalo and Baltimore, was held in Chicago, on the 27th July, to consider and adopt measures for united action of health authorities to prevent the introduction of small-pox into the United States, and its spread from one State into another. The conference adopted a most interesting report, showing the great risks to which the United States were exposed of the introduction of small-pox contagion by the enormous stream of immigrants flowing from Europe into the States; many of them coming from districts in which small-pox was prevalent, many unvaccinated, and many, indeed, of nationalities having, as the report words it, "an intense prejudice against vaccination." The number of immigrants arriving in the United States in 1880 amounted to 457,257; and of these 87,154 were under fifteen years of age. The danger of small-pox contagion being conveyed to the United States by immigrants does not affect the port towns alone, at which immigrants land, but concerns almost equally interior districts; for, having regard to the rapid passages now made, often not exceeding nine days, small-pox contracted in Europe by an individual may not be developed in the States before he has travelled some distance into the interior. The conference made several suggestions for dealing with the evil they had under consideration, the principal being as follows:—1. The incorporation by Congress into the law relating to immigration of a provision requiring protection from small-pox by successful vaccination of all immigrants. 2. That the National Board of Health should consider the propriety (in accordance with recent legislation) of making, promulgating, and enforcing rules requiring the inspection at the port of departure of immigrants into the States, and the vaccination or revaccination of every immigrant who upon such inspection is found unprotected from small-pox. Or, failing in any case or for any cause to secure such vaccination or revaccination, to prevent such unprotected persons as may have come from or through any infected district from taking passage on any ship destined for the States during the period of incubation of the disease until such time shall have elapsed as shall make it certain that they are not carrying the germs of small-pox in their own persons. 3. To notify to the various steamship companies bringing immigrants to the United States that unless satisfactory evidence be furnished of the recent vaccination of each immigrant arriving at a port of the United States the vessel will be subjected to quarantine for a longer or shorter period. 4. The local authorities of the United States should also establish a thorough inspection of immigrants at all distributing points, the detention at such points of all found suffering from small-pox, and the revaccination of those found to be insufficiently vaccinated. 5. That the National Board of Health take the necessary measures to secure such inspection of immigrants as is here sought for. 6. That a committee be appointed, one from each State represented at the Conference, to take such steps as may be found necessary to accomplish the objects of the resolutions.

COW-POX AND HORSE-POX.

Mr. Joseph Handa, who writes of himself some sixty years ago, when a pupil of Dr. E. Jenner, the originator of vaccination," has issued a pamphlet in which he revives the seeming paradox that cow-pox is not in fact cow-pox, but horse-pox transmitted to and cultivated on the bovine race, and that it is high time we sought to renew our stocks of vaccine lymph from the original source—that is, from the horse, and that the protectiveness against small-pox is of much higher and more persistent character when the lymph from horse-pox is used than that from cow-pox.

CHOLERA.

A telegram from Alexandria, dated the 7th September, reports on the authority of a telegram received from the British Resident at Aden, that cholera had broken out there, and that of 30 attacks 27 had ended fatally. The Spanish Government has taken very stringent measures to prevent the importation of the disease. The mail boats which run between Spain and the Philippine Islands have been forbidden to touch at Aden, either on the outward or homeward voyage, and are also ordered to perform quarantine at Port Mahon. Malta has, moreover, adopted quarantine against Aden.

A correspondent sends us some cuttings from a local paper which refer to a curious epidemic which occurred in Diss in July. The cuttings give us no precise information as to the nature of the malady, and even a report of the medical officer of health, although made in answer to instructions to investigate the outbreak, is equally barren of information, and, except for the casual use of the words "choleraic diarrhœa," gives us no information of the character of the disease. The number, actual or approximative, of cases is not stated, nor the circumstances under which they occurred. But the impression seems to have got abroad that they were caused by the consumption of certain flesh meat. This impression appeared so probable to the community and the Local Board that an application was to be made to the Home Secretary (so little do the people of Diss know of the organisation of public health matters in England) for an official inquiry concerning the outbreak. This application seems to have led to no result, and it is to be feared that the facts of an outbreak which may possibly have been of the same class as the Welbeck poisonings are now wholly lost.

The outbreak of typhoid fever at Müller's Orphanage, near Bristol, appears to have been effectually checked. Sixty little patients have been attacked, but are all progressing satisfactorily. There have been no deaths from the disease. The cause of the epidemic is still unexplained.

At a meeting convened in the Town Hall, Brighton, on Monday, presided over by the Mayor, it was resolved to hold a Sanitary Exhibition in the town during the week commencing Dec. 17th.

THE will of Mr. T. Heckstall Smith, F.R.C.S.Eng., late of St. Mary Cray, who died in May last, has been proved by the executors, the personal estate amounting to £62,000.

THE SERVICES.

THE TRANSVAAL.

From Newcastle we learn that the camp at Drakensberg has been given up, and the 92nd Gordon Highlanders moved to Bennett's Drift. Sporadic cases of enteric fever occur occasionally, the larger number of admissions for this disease being at the base, Bennett's Drift, Newcastle; the troops encamped on frontier positions being generally free from enteric disease; one admission at Mount Prospect, in a man of the Mounted Infantry, is returned as typhoid. It is proposed to build a new and permanent hospital near Newcastle; a site has been selected on the north side of the Incandu River, which will be reported on by a sanitary committee, and if approved the buildings will be commenced without delay.

ARMY MEDICAL DEPARTMENT.—Brigade-Surgeon Adam Graham Young retires upon temporary half-pay; Brigade-Surgeon Charles Alexander Innes, M.D., is granted retired pay, with the honorary rank of Deputy Surgeon-General; Surgeon-Majors James Greig Leask, M.B., and Francis Edward McFarland have been granted retired pay, with the honorary rank of Brigade-Surgeon; Surgeon-Major John Greig, M.B., has been granted retired pay.

Surgeon-Major C. M. Cuffe, C.B., Surgeons J. A. Godrmley, and J. Powell, Army Medical Department, have arrived home from Natal in the s.s. *Asiatic*, in charge of a party of sick and wounded soldiers.

Deputy Surgeon-General J. Crerar has been appointed medical officer to the Royal Military Asylum, Chelsea, vice Deputy Inspector-General J. St. Croix Crosse, whose period of service has expired.

Surgeon-Major J. B. S. Brown, Bengal Medical Service, has been permitted to retire from the service from August 1st, 1881. Surgeon-Major J. Ross, Queen's Own Sappers and Miners, Bengal, has been granted leave of absence to England for twelve months.

Deputy Surgeon-General J. Hendley, C.B., Surgeon-Majors Hoystead, Keith, Cotter, Macartney, Surgeons Bushe and Moberly, of the Army Medical Department, with Surgeons Corkery, Braganza, and Patch, of the Indian Medical Service, embarked on board H.M. troopship *Malabar* on the 16th, for passage to Bombay.

Surgeon John Findlay, Army Medical Department, has been appointed surgeon on the personal staff of Sir James Ferguson, Governor of Bombay, vice Surgeon-Major Waters, Bombay Medical Service, resigned.

James Wilson, F.F.P.S. Glas., has been appointed Medical Officer to the detachment of the "Black Watch" now stationed at the Barracks during Her Majesty's stay at Balmoral Castle.

ADMIRALTY.—Staff-Surgeon William Redmond has been promoted to the rank of Fleet-Surgeon in Her Majesty's Fleet, with seniority of August 8th, 1881.

In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Fleet-Surgeon Samuel Campbell, M.D., has been placed on the Retired List of his rank from this date.

The following appointments have been made:—Staff-Surgeons: M. A. Hart, to the *Royal Adelaide*, vice Games; and G. Robertson, to the *Lord Warden*, vice Harte. Fleet-Surgeon R. C. P. Lawrenson, to the *Hercules*, vice Siccama; Staff-Surgeon Solomon Kellett, to the *Alexandra*, additional for the *Falcon*, when recommissioned; Surgeons Michael J. McCarthy, M.D., to the *Impregnable*, vice Kellett; and Alfred H. Kelly, to the *Orueil*, vice Staff-Surgeon Dunlop; Fleet-Surgeon R. Siccama, to the *Northumberland*, vice Campbell.

IT having been decided to erect a children's ward at the West Kent General Hospital, Maidstone, to the memory of the late Mr. Jonathan Saunders, the friendly and benefit societies of the town have forwarded a cheque for £100, part of the proceeds of their recent fête, towards the expenses. A workman's collection in aid of the fund has also been made.

THE Camberwell Board of Guardians have voted to Mr. Simpson twenty guineas, and to Mr. Pinder, Dr. Blomfield, Dr. Hague, and Mr. Roberts fifteen guineas each, as gratuities in consideration of the extra services required of them during the small-pox epidemic.

Correspondence.

"Audi alteram partem."

"TREATMENT OF THE INSANE IN PRIVATE HOUSES."

To the Editor of THE LANCET.

SIR,—I trust you will allow me to make a few remarks in comment on your leading article of Sept. 3rd relating to the treatment of the insane in private houses. I am not surprised that you anticipate being hotly assailed on account of your insisting on the abolition of the asylum system and the specialty of medico-psychology.

You enunciate several broad and far-reaching statements, chief among which I find are—

1st. That "however valuable may have been the contributions which medico-psychology has made to medicine, it has done very little, if anything, during the last fifty years to augment the chances of recovery for the insane."

2nd. That "asylum physicians believe insanity to be practically incurable, and that it is this hopelessness, the pitiful outcome of fifty years' work at mental disease, which constitutes the bane of asylum practice, and cripples the hands of those who, lacking faith, necessarily fail to cure."

3rd. That "the treatment of the insane by association is a radical error, and that those who do recover in asylums do not recover by measures adopted for their recovery, but their recovery is developed in spite of the circumstances in which they are placed."

4th. That "classifications of mental diseases are nearly all faulty, and have as yet no practical bearing on treatment. The utmost purpose they serve is to cast deepening shadows of hopelessness on the cases classified. For example, if a man have general paralysis of the insane, he is at once branded as incurable, although recent explorations of nervous disease by scientific physicians who are not medico-psychologists go far to prove that even general paralysis is curable, and may be cured, though *not by asylum physicians or on asylum principles.*"

5th. That "we unhesitatingly declare in favour of the treatment of the insane in private houses, and against the asylum system."

Now, either these statements are true or they are untrue, and to a young physician whom circumstances and a love of the subject have caused to follow out this specialty are of deep interest and importance.

I have not failed to notice for some years past the growing animus against and reproach cast upon asylum physicians and asylums in THE LANCET. We are accustomed in THE LANCET to read principles inculcating fellowship and professional amity among medical men; but these principles appear to fall short of physicians practising in lunacy; and they are considered fair game evidently for every variety of imputation, be it as to their avariciousness as private asylum proprietors, their want of medical skill as healers and curers of disease, or their inability for original work in the vanguard of scientific medicine. I can surely not be accused of exaggerating in thus speaking after reading your article of September 3rd. Let me examine as shortly as I can the principles you lay down in that article. What is meant by saying that the contributions by medico-psychologists are valuable, and yet have not augmented the chances of recovery I fail to see. As well state that Fritsch and Hitzig's experiments have not raised the recovery rate of the insane one per cent.; a direct estimate of the effect of medical investigation on the recovery rate is always a difficult matter, but surely the writings of Dr. Conolly, Dr. Hack Tuke, Dr. Batty Tuke, Dr. Crichton Browne, Dr. Major, Dr. Julius Mickle, and Dr. Clouston, and many others have not been in vain.

Regarding the second principle, that alienists are quite convinced of the incurability of insanity, I am at a loss to find how this conclusion has been arrived at, seeing that Thurnam, Luke, Pliny, Earle and others have written a great deal regarding recovery rates, and their writings all point to the fact that insanity, if treated early, is quite as curable as any other severe acute disease, such as typhoid, rheumatic and other fevers. At the last visit of the Commissioners

in Lunacy to this asylum we had to furnish, as usual, a report detailing admissions, discharges, &c.; since their last visit, about ten weeks before, twenty-three patients had been admitted, and fifteen patients, not *cases*, remember, had been discharged recovered. How, in the face of facts like these, can we be accused of disbelieving in the curability of insanity? Thus, I contend, there is no foundation for your statement, which I have called No. 2.

As regards No. 3. The question of association being radically wrong is a matter of opinion; and while in some cases individual treatment is more suitable, the majority are benefited by association, *bien entendu*, within limits; by association I do not mean herding droves of lunatics together. There can be no doubt that as the young lad benefits by associating with his fellows at a public school, so in an asylum does the hypochondriac, melancholic, or weak-minded patient derive more good by associating with others better or worse than himself, than he would at home, where his fantastic egotism grows day by day until he becomes an insufferable annoyance to himself and his friends. Where else but in an asylum can he be coaxed or made to take part in out-door games or work, and his dieting regulated and enforced, if necessary? However, abler pens than mine have discussed this question, and thus I leave it.

Fourthly, regarding classification. I fail to see that classification affects the prospect of recovery in any possible way, however perfect or imperfect that classification is. I would ask what classifications are perfect even in more exact sciences than medicine? Of course, our classifications are faulty, and so are those of ordinary diseases; but to say that on that account insanity is the more incurable and hopeless means no more than if we said that the classification of tumours is faulty, and therefore any one suffering from cancer of the pylorus has additional gloom cast on his case on that account. You instance general paralysis. Now, most strenuous attempts have been made throughout the asylums of the kingdom to cure general paralysis. Witness the writings of the Wakefield and Grove Hall, Bow, medical officers, and I may say as a wide reader of neurological and other medical journals I have met with no account of the recoveries in this disease wrought by scientific physicians who are not medico-psychologists. If such cases exist, probably they are only the intermissions in the disease described and well known. The great bulk of medical men, I would say 95 per cent., could not recognise a case of general paralysis if they saw it, and to pit the authority of a physician in ordinary practice against that of such an authority in general paralysis as Dr. Julius Mickle would be tantamount to pitting my knowledge of glaucoma against that of Mr. Bowman.

Throughout the article, and in the letters to the editor in the same number of THE LANCET, one great factor seems misunderstood, and it is this—viz., that the insane are not all suffering from acute mania; if so they might, as a rule, be treated at home just as for any other serious illness, and probably they are, for in this asylum of 500 patients we have not a dozen cases of acute mania admitted in the year. The great majority of those admitted to asylums suffer from aberration of mind apart from any acute febrile state, whose habits, blasphemous or obscene language, noisiness at night, propensities dangerous to themselves and others, necessitate their removal from society to an asylum. The idea of hospitals for such cases is absurd. Try and persuade a man suffering from an early stage of general paralysis to go to a hospital, and watch the result. Not until he has become a helpless invalid, not until he has squandered his money, ruined himself and his family, probably landed himself in prison, not till then is the time for hospital treatment, pure and simple; or a case of partial mania, with delusions, a man whose bodily health may be above the average, but who believes he is heir to estates, and who will pester his lawyers and his friends *ad nauseam* about his rights. Hospitals for such cases as these, and they constitute 90 per cent. of the cases in asylums, are out of the question, at any rate using the word hospital in the way we understand the term at present.

However, I fear I have already long exceeded the limits of a letter, and therefore conclude by saying that the only principle you urge, and with which I or any of my colleagues here can agree, is that something ought to be done to remedy the deplorable ignorance of mental diseases in the generality of medical men.

I am, Sir, your obedient servant,

D. G. THOMSON, M.D.Edin.

Camberwell House Asylum, Sept. 1881.

THE APOTHECARIES' COMPANY.

To the Editor of THE LANCET.

SIR,—Many members of the profession will respond to the sentiments of Mr. Wickham Barnes touching the important services rendered of old by the above Society, specially by the former teachers at the medical schools who now propose unavoidable changes, but who in times gone by were practically conscious of the notorious fact, "that the indolent student might perhaps readily pass the portals of the Royal College of Surgeons, whereas the same student would probably not attempt to face the more comprehensive examination at the Hall." Such reminiscences will be freely acknowledged and gratefully remembered by the then pioneers of medical education.

Yet, in spite of the high qualifications of the present examiners, most of us are, I think, cognisant that sooner or later the "Apothecaries' diploma" will be no more seen. In Mr. Barnes's letter in your journal last week we look in vain for an explanation of the *crux criticorum* which is uppermost in the minds of many who were unable to attend the meeting at Ryde. A resolution, proposed by the Council or by the "Committee of Council," was there submitted to and passed by the general meeting, hastening the decease of the above examining body. Can he inform us "how the late president of the council voted upon the said resolution?" The late president and another member of the council—both of them rejoicing in that accumulation of wisdom which we believe to be present in the "sere and yellow leaf"—had been but a few days before appointed examiners of the Company, whose demise they had apparently pre-determined.

Such freedom of appointments made by a body supposed to be moribund denote liberal and enlightened minds, and exhibit a conscientious determination on the part of the Court to carry out their duties irrespective of their special interests; in the above instance, possibly in accordance with the well-known maxim, "Fas est et ab hoste doceri."

Your obedient servant,

September 5th, 1881. A HOSPITAL TEACHER.

READING CORPORATION ACT.

To the Editor of THE LANCET.

SIR,—In reply to Dr. Shea's remarks in your number of Sept. 3rd, I beg to say that my remarks on the Reading Corporation Act, 1881, in THE LANCET of August 27th, were based upon a notice to medical practitioners inserted in the local papers by the Corporation, and which purported to give a summary of the provisions of the Act as it applied to medical men. This notice, whilst drawing attention to the fact that the medical attendant is bound to immediately report every case of infectious disease, did not say a word about the householder being also bound to make a report, nor does it say a word about a fee. I am happy to find that both these points are covered by the Act, and wish to point out how it was that I was misled by the notice.

I am, Sir, yours faithfully,

Reading, Sept. 7th, 1881. H.

IRELAND.

(From our own Correspondent.)

AT a meeting of the Board of the Ledwich School of Medicine held last Saturday, the resignation of Dr. Wharton, Senior Lecturer on Surgery, was brought under the notice of the members. The resignation having been accepted, a resolution was unanimously adopted by the board expressing their sincere regret at losing the services of an old and valued colleague, and one whose connexion with the institution so materially aided in its prosperity and popularity. Mr. Wharton has been attached to the Ledwich School of Medicine for the past twenty-four years, as Lecturer first on Materia Medica and afterwards on Surgery. Mr. J. E. Kelly now becomes senior lecturer, and Messrs. Nixon and Stoker have been added; two of the number will lecture on theoretical and one on practical surgery. Mr. Stoker has been connected with the Medical School of the Royal College

of Surgeons, and will be a great addition to the teaching staff of the Ledwich School.

The Standing Committee of the Royal University of Ireland have recommended to the Senate that the Matriculation Examination shall this year be held on December 6th and following days; and that candidates shall be required to send in their names to the secretaries on or before October 15th. In the event of the Queen's University being dissolved by next April, all students who pass the forthcoming Matriculation Examination in the Queen's Colleges thereby become matriculated students of the Royal University, as by the provisions of the University Education (Ireland) Act it is thus provided; and further, that all terms kept and examinations passed by any such students in the Queen's University or Queen's Colleges shall be deemed to be terms kept and examinations passed by them in the Royal University. It must not be forgotten, however, that students of the Queen's Colleges who matriculate in those institutions next October must, if they intend to go in for the first scholarships examination of the Royal University, to commence in March, 1882, pass with honours the matriculation examination of that University on December 6th; and their names must be entered, and the fee of ten shillings paid, on or before October 15th, just as in the case of ordinary candidates for matriculation and scholarship. With respect to limits of age, the scheme submitted to Parliament set down that to gain an exhibition at matriculation the candidate must be under twenty years of age on the first day of the matriculation examination; and to gain a scholarship, the candidate must be under twenty-one years of age on the first day of the scholarship examination. Now, in order that the unavoidable postponement of the examinations from the dates originally suggested may not affect injuriously any candidate, the committee recommend that in the case of the exhibitions at matriculation, the age of candidates shall, for this year, be reckoned as of the first day of October, and in the case of the scholarships as of the second Tuesday in January, 1882. A meeting of the Senate of the Royal University has been convened for this week, to take into consideration the modifications recommended by the standing committee in the scheme, in consequence of the grant from Parliament having been reduced from £40,000 per annum to £20,000.

The President of the Queen's College, Belfast, in his recent report—unlike the President of the Cork College—appears satisfied with the result of the intermediate education system, as he states that the answering of candidates at the matriculation and scholarship examinations held in October was, on the whole, more satisfactory than on any former occasion, doubtless owing in some measure to the operation of the Act. He feels confident that in a few years more the successful working of that Act, and the stimulus it gives to more careful training in schools, will largely increase the number of candidates for degrees, and will contribute to raise the standard of University education in Ireland. In the past session, the students numbered 508, as compared with 494 during 1879-80. During the past year upwards of £1600 was subscribed for establishing a scholarship to commemorate the services rendered to the Belfast College and to chemical science by Dr. Andrews, F.R.S., who lately resigned the Vice-Presidency.

It is expected that the new abattoir now being erected on the north side of Dublin will be completed early in November; and when finished its importance to the citizens cannot be overrated. At present there are nearly 100 slaughter-houses in Dublin, and their insanitary condition as regards drainage, cleanliness, &c., has long been a grievance. They could not, however, be closed, but as soon as the abattoir is ready for use it is understood that the sanitary authorities will peremptorily close a large number of the city slaughter-houses.

The President of the Queen's College, Cork, in his recent report, states that a special medical garden has been laid out this year, in which the plants are arranged according to their pharmacological qualities; while another piece of ground has been set apart to form a mythological garden, which will contain, as far as possible, the sacred plants of the Greeks, Romans, Celts, and Norman nations, as well as those of India and Egypt, so far as those can be grown in the open air. It is also proposed to add the principal plants mentioned in Greek and Latin authors. A chair of Psychological Medicine has been instituted, and Dr. Eames, Resident Medical Superintendent of the Cork District Lunatic Asylum, has been appointed to the lectureship, but the College Council has been unable so far to provide any endowment.

Recently one of the medical officers of the Middleton Union was dismissed by a sealed order of the Local Government Board for some irregularity, and although an inquiry was demanded it was refused by the Board. This so incensed the members of the dispensary committee that last week, when the vacancy had to be filled up, they placed their late medical officer at the head of the poll. Of course, he cannot be appointed, and this his supporters were well aware of, but if a fresh election must be held, and the same tactics are pursued by the committee, considerable inconvenience must result to the sick poor of the vacant district.

The Engineering Inspector of the Local Government Board held an inquiry last week at Fermoy, for the purpose of hearing an application from the Town Council to borrow £11,000 to carry out a scheme for providing the town with an efficient water-supply. It is proposed to take the water from the district of Knockananig, which has a drainage area of 300 acres.

The Introductory Lecture at the Richmond Hospital will be delivered on the 3rd November by Dr. Lyons, M.P.

PARIS.

(From our own Correspondent.)

Two years have elapsed since the discussion on therapeutic specialities at the Academy of Medicine, when a number of popular preparations were declared by competent authorities to be practically useless (THE LANCET, August 30th, 1879). Since that time the *Conseil d'Etat* has been studying the question, and it is now announced that a *projet de loi* concerning the practice of medicine and pharmacy will be presented to the New Chamber of Deputies as soon as it shall meet. The first clause enacts that henceforth no one shall be permitted to practise both medicine and pharmacy. This is aimed at a class of practitioners who drive a flourishing business by giving gratuitous consultations in their back-parlours, and furnish the medicines prescribed at a remunerative rate in their shops. The second clause forbids the sale or advertisement of all preparations not inscribed in the Official Codex, and if passed would be a deathblow to secret and proprietary remedies, which could only be delivered on the production of a prescription. If the Chamber of Deputies should happen to be in the humour for medical reforms, an additional clause might be framed forbidding instrument-makers to meddle with surgery. In Paris, as in London, there is a very prevalent idea amongst manufacturers of surgical appliances that they are the proper persons to take charge of orthopædic cases. It would be well if a short legislative measure could do justice to this and to other popular errors touching the fitness of unprofessional persons for medical functions.

The small number of births in Paris, in proportion to the population, and the great mortality amongst young children, are constantly occupying the attention of medical reformers. There is now some talk of introducing a measure which has been found useful in Brussels, and which consists in the gratuitous distribution to parents of a small book on the management of children. The pamphlet in question is given by the registrar each time that a birth is notified. The directions which it contains are simple and short, amounting in all to five pages only. Although the name of the writer does not appear, it is well known to have been written by Dr. Janssens, Inspector of the Hygienic Service of the city of Brussels.

The last three numbers of the *Gazette Hebdomadaire* have contained instalments of a memoir by Dr. Morvan of Lannilis, on myxœdema, founded on fifteen unpublished cases of this rare disease, all observed by the author in Lower Brittany. The first case came under Dr. Morvan's observation as long since as 1875, when he wrote to Professors Charcot and Verneuil, giving a description of his patients and asking whether the affection, or anything similar to it, was known to them. Although Sir William Gull had written on the subject two years previously neither of the professors seems to have been acquainted with the malady. M. Verneuil as a surgeon had felt himself incompetent to pronounce on a purely medical matter, and the young physicians whom he had consulted opined that the dis-

case could only be chlorosis. Professor Charcot replied that he could find nothing analogous in the annals of medicine, and recommended his correspondent to publish his observations. The conclusions to which Dr. Morvan has arrived in the present memoir are briefly as follows:—1. As regards *sex*, all the cases observed except one occurred in women. 2. The disease is one of adult life, the youngest of the fifteen patients being twenty-two years of age. 3. Although the disease does occur in the male, the fact that in no case did it appear in a woman before the establishment of the menses shows that this function modifies the organism in such a way as to render it more liable to develop the malady. Nine times out of fourteen the myxœdema appeared at about the climacteric period, coinciding twice exactly with the menopause. 5. Two patients of the number were unmarried and had never been pregnant when the disease appeared. Of eleven others the minimum number of pregnancies was three, and the maximum nine, giving a mean of six and a half. 6. Prolonged and repeated lactation seems to have been one of the predisposing causes. 7. Domestic worries and troubles may be placed amongst other depressing causal influences. 8. As regards consanguinity, two of the patients are related to one another, and one had a sister who was mad and died paraplegic. 9. Scrofula was only noted in one instance. 10. Beyond and above all the preceding causes, Dr. Morvan places the influence of *cold*, and more especially the action of northerly and easterly winds.

THE NEW ZEALAND GOVERNMENT AND ITS LATE INSPECTOR OF LUNATIC ASYLUMS AND HOSPITALS.

(*From a Correspondent.*)

BY the last mail from New Zealand there comes a sad story of colonial injustice to a medical man and its tragic result. We give the narrative in our correspondent's own words. "Dr. F. W. A. Skae was appointed Inspector of Lunatic Asylums to that colony five years ago. He had attained a good position in this country, having studied in Edinburgh, London, and Paris, and, after serving for three years as assistant to his father in the Royal Edinburgh Asylum at Morningside, held the appointment of Medical Superintendent of the Stirling Asylum at Larbert for nine years. There he did his work so well that he was offered the Inspectorship of Asylums by the Colonial Government of New Zealand. Before accepting it he made some inquiries as to the tenure of office. In answer to these he was assured that though he could be deprived of office by the Government of New Zealand, yet the tenure of office was practically for life, as no official of that colony had ever been shabbily or unjustly treated. Since his going out he has worked hard, and his reports, some of which we have noticed, were most admirable documents. He fearlessly exposed the abuses of the system of treatment of the insane he found to exist; he caused many inefficient officials to be dismissed, and he cut down useless expenditure and sinecure offices with vigour. All this caused enemies in the colony, who often found mouthpieces in the Legislature. But within a year or two so highly were his services appreciated by the Government that he was appointed Inspector of Hospitals in addition to his former office. The new lunacy system which he was gradually developing implied an expenditure of money for asylums in the course of a few years. This rather frightened the Government, and was the occasion of renewed opposition in the Legislature. There was held lately an inquiry into the condition of the Wellington Asylum, and abuses were discovered—abuses that Dr. Skae had pointed out in his reports. A cry was got up about this in the colonial press. Dr. Skae's enemies and the opposition party to the Government in the Legislature adroitly took advantage of this and directed the popular cry against him for not having done his duty. The Government were not strong enough to resist a clamour for which there was not the faintest real ground, and proposed to throw the Jonah overboard. Dr. Skae was a man of a peculiarly sensitive temperament, and felt his treatment most acutely. Especially he felt the gross injustice to which he was about to be subjected. He was, unfortunately for himself, not of that mental mould to fight a colonial political faction with their own weapons. He was crushed in spirit, gradually failed in health, and died at the age of thirty-nine on the 25th June. No more glaring case of the bad effects of making a medical official dependent on popular clamour, or the exigencies of party politics, has ever come under my notice. The life of an able and conscientious man has been literally sacrificed to it. In this country so carefully has this danger been guarded against, that, as I understand, a Commissioner in Lunacy, or a Lord Chancellor's Medical Visitor, can only be removed by a vote of both Houses of Parliament."

MADRAS.

(*From a Correspondent.*)

THE English newspapers, we observe, seem to deplore Mr. Grant Duff's acceptance of the governorship of a minor presidency. As the *Observer* puts it, "It is a matter for regret that his parliamentary career should be exchanged for a post in which there is no scope for a display of other qualities than good sense and knowledge of the world."

It is true that Madras, being cut off from all frontiers save those of the contiguous Presidencies of Bombay and Bengal, has no wars, and so seldom appears before the public; but a man who takes upon himself the ruling of some thirty millions of people will not fail, if there is anything in him, to find ample scope for his abilities.

The insanitary state of Madras itself is one in which a strong man might find considerable range for the exercise of his abilities. Next to St. Petersburg, Madras is, at this present moment, the most unhealthy city in the world. Were it not for the sea breeze which daily sweeps over it, it might even surpass St. Petersburg in reputation. This is a disgrace to British civilisation, and if Mr. Grant Duff can rectify this alone, he will have left his mark upon Indian administration and earned the gratitude of Madrasees.

Obituary.

DAVID LOWE, M.B. C.M. ABERDEEN.

THE death at the early age of thirty-two of the subject of this notice will be learned with regret by a large circle. The sad event took place at Easter Fiddie, Skene, Aberdeenshire, on the 19th ult. Mr. Lowe was a native of Skene, and was educated at the Grammar School and University of Aberdeen, where he graduated in 1872 as M.B. and C.M. with highest academical honours. Immediately afterwards he was chosen house-surgeon to the Perth District Asylum, Murthly, which appointment he filled with great efficiency for nine months. He then went to Cairo in Egypt as assistant to Dr. Grant, with whom he remained till he entered the service of the Khedive, and became attached to all the expeditions sent out by the Egyptian Governments to obtain information respecting the slave traffic. He served on board Egyptian cruisers employed against the slavers on the Red Sea, and was forthwith nominated Assistant-Judge in the Slave Court at Massowa, in Abyssinia. When this service was completed, Mr. Lowe was appointed, under Gordon Pasha, Inspector-General of Hospitals in the Soudan, where he organised classes for training the natives as medical helpers—an organisation of the highest possible importance in these unhealthy regions. On account, however, of prolonged service in the Soudan his health broke down, and he was reluctantly obliged to resign his appointment and to come home to recruit his strength. After a stay of six months he returned to Egypt last October, and soon after was appointed Medical Inspector to the Sanitary Board in Alexandria; but his health again giving way, he was compelled to return home, where, after lingering for three months, he quietly passed away. Besides being a great traveller, Mr. Lowe was an accomplished Arabic scholar.

His amiability of character, cheerful and kindly disposition, which endeared him so much to his class-fellows when a student at Aberdeen University, made him greatly beloved by all who came in contact with him in his official and private life abroad.

JAMES ROSE-INNES, M.B. C.M. ABERDEEN.

MR. JAMES ROSE-INNES, whose death we regret to announce, was surgeon on board the *Teuton* at the time she foundered. He was the third son of Mr. George Rose-Innes, J.P., of Ardfour, Banffshire, and London. He was educated for the medical profession at the London Hospital and at Marischal College, Aberdeen, at the latter of which he graduated M.B. and C.M. in 1880. Soon after obtaining his degrees he was appointed surgeon to the steamship *Utopia* of the Anchor Line, trading between London and New York. On his first outward voyage the *Utopia* was overtaken by a heavy storm, during which Mr. Rose-Innes behaved with such coolness and courage in taking charge of the passengers and emigrants that, upon the arrival of the ship (which had in the meantime put back to Plymouth for repairs) at New York, he was presented with a testimonial, signed by the passengers and the captain, in recognition of his gallant conduct at a time when the vessel was almost lost. The next appointment which Mr. Rose-Innes held was as surgeon to the steamship *Durban*, in which he sailed in May last for Cape Town. On arrival there he was transferred to the *Danube*, and was as recently as the 30th ult. again transferred to the ill-fated Royal mail steamship *Teuton* of the Union Line, with the object of proceeding first to Natal and then returning to England. From the accounts received from the survivors it appears Mr. Rose-Innes was in charge of, and keeping order amongst, the passengers—about 200 in number—when the vessel sank. His loss at the early age of twenty-six will be keenly felt amongst his friends and college associates in Aberdeen, where he was well known.

RICHARD CLEWIN GRIFFITH, M.R.C.S., L.A.C.

MR. GRIFFITH, at the time of his death, which took place on the 5th inst. at his residence, 20, Gower-street, W.C., where he had lived fifty-three years, had attained the great age of ninety years (less three days). He passed his examinations in 1812 and 1813, and was among the first batch of "general practitioners." He took his father's practice, which had been established some twenty years, in Tottenham-court-road, then a country suburb of London. After a few years he removed to Gower-street, where he carried on one of the largest general practices in the neighbourhood. He belonged to the old school of practical medicine, and despised theories. Like many other able men of his time, he bravely and successfully did his work. He was Mr. Cline's last dresser at St. Thomas's Hospital, and was the father of the Apothecaries' Society, of which company he was the Master about twenty-six years ago. For several years the late Mr Charles Brooke, of the Westminster Hospital, was his partner; and when they dissolved partnership, about the year 1845, the subject of the present notice began to resign the practice of medicine, having realised a good competence.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Sept. 1st:—

Altman, Asher Lyons, Kingston, Jamaica.
Baker, William Braine, Banbury, Oxon.
Rabbeth, Samuel, Putney.
Thane, Philip Thornton, Montague-street.

The following gentlemen also on the same day passed the Primary Professional Examination:—

Bedros Aslanian, London Hospital; Rastanji D. Gaudy, Grant Medical College; John Hughes Jones, St. Bartholomew's Hospital.

The following passed and received certificates on Sept. 8th:—

Faraker, John Joseph, Cheshunt.
Johnson, Samuel Ebenezer, Birmingham.
McCutcheon, James, Bradford.
Thomson, St. Clair, King's College Hospital.
Williams, Walter Trelving, Walthamstow.

MR. MICHAEL MCDONNELL, M.R.C.S., has been placed on the Commission of the Peace for the Co. Antrim.

HOSPITAL accommodation in the vicinity of the works connected with the projected Panama Canal is stated to be utterly insufficient to meet the needs of the men engaged in the unhealthy employment.

BEQUESTS AND DONATIONS TO MEDICAL CHARITIES. The Treasurer of the Salisbury Infirmary has received the handsome sum of £12,649 as the amount of the residuary estate of the late Sir G. Bowles; from the same source the Herbert Home becomes entitled to £6324. By the will of Mrs. Hay Collieston the funds of the Aberdeen Infirmary benefit to the amount of £200. Mr. Stephen Cooper, late of Leytonstone, bequeathed £100 each to the City of London Hospital for Diseases of the Chest, and the London Hospital.

TESTIMONIALS.—A public mark of esteem has been presented to Dr. Evan Pierce, for several years Mayor of Denbigh, of a very flattering character. A subscription amongst his fellow-townsmen has realised a sum sufficient to enable them to present to Dr. Pierce his portrait, full size, and in his mayoral robes, accompanied by an address, setting forth the donors' high appreciation of the worth of the man they delighted to honour, and their desire on his behalf of long life and every happiness. Dr. Pierce responded in feeling terms.—On Friday last Dr. Michael Whitmarsh was presented with a very handsome chime clock, two bronzes, representing Mercury and Renown, and a musical-box of the value of one hundred guineas. The clock bore the following inscription:—"Presented to W. M. Whitmarsh, Esquire, M.D., Albemarle House, Hounslow, by a few patients and friends, as a mark of esteem, and in testimony of their appreciation of his medical skill. September, 1881."

WEST LONDON HOSPITAL, HAMMERSMITH, W.—42 beds. In-patients, 555; out-patients, 22,737. Consulting Physician: Dr. Henry Maudsley. Consulting Physician Accoucheur: Dr. W. O. Priestley. Consulting Surgeons: Messrs. Samuel Armstrong Lane and William Bird. Physicians: Drs. Goddard Rogers and Thorowgood. Physician for Diseases of Women: Dr. Wiltshire. Surgeons: Messrs. William F. Teevan and Alfred Cooper. Surgeon for Diseases of the Eye: Mr. B. J. Vernon. Assistant-Physicians: Drs. Fish, Donald W. C. Hood, and Montagu Lubbock. Assistant-Surgeons: Messrs. C. B. Keetley, F. S. Edwards, and W. Bruce-Clarke. Administrator of Anæsthetics: Mr. T. Gunton Alderton. Surgeon-Dentist: Mr. M. A. Smale. The practice of this hospital is open to all students and members of the medical profession. Gentlemen desirous of acting as clinical clerks or dressers can obtain all information on application at the hospital. [The above was inadvertently omitted from our Students' Number last week.]

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning, at the latest.*

BRADSHAW, O. G., M.R.C.S., L.R.C.P., has been appointed House-Surgeon to the West London Hospital, Hammersmith.

BENDALL, H., M.B., M.R.C.S., late House-Surgeon, Perth Infirmary, has been appointed House-Surgeon to the Queen's Hospital, Birmingham.

BUTLER, F. W., M.R.C.S., L.S.A.Lond., has been appointed by the Town Council Medical Officer to the New Brighton Borough Sanatorium.

CLARKSON, J. B., L.R.C.P.Ed., L.R.C.S.Ed., late Medical Officer National Steamship Company's Service, has been appointed Medical Officer to the Union Royal Mail Steamship Company's Service.

CLEGG, W. T., L.R.C.P.Ed., M.R.C.S., has been appointed Senior Resident Surgeon to the North Staffordshire Infirmary, vice Russell, resigned.

DUCE, C. T., M.R.C.S., has been appointed Medical Officer for the Brewood District of the Cannock Union.

DUTTON, T., M.B., L.R.C.P., has been appointed Admiralty Surgeon and Agent to the Chichester Harbour Division of Her Majesty's Coastguards and Wounded Seamen, vice N. E. Cresswell, M.D., M.R.C.S., resigned.

EDWARDS, F. S., F.R.C.S., has been appointed Assistant-Surgeon to St. Peter's Hospital for Stone and Urinary Diseases.

ELLIS, J. L., L.R.Q.C.P.I., has been appointed Medical Officer in the Dolgelly Union.

FEAR, W., M.R.C.S., has been appointed Medical Officer for the Sixth District of the Tonbridge Union.

HARRIS, A. G. R., L.R.C.P.Lond., M.R.C.S., has been appointed Medical Officer for the Eardsley District of the Kington Union.

HORNER, A. C., L.R.C.P.Lond., M.R.C.S., has been appointed Medical Officer for the Second District of the Tonbridge Union.

JONES, E., M.D. St. And., M.R.C.S., has been appointed Medical Officer in the Dolgelly Union.

JONES, J. F., F.F.P.S Glas., L.R.C.P.Ed., L.S.A.Lond., has been appointed Medical Officer in the Dolgelly Union.

MACPHERSON, A., M.B., C.M.Ed., has been appointed Senior House-Surgeon to the Stanley Hospital, Liverpool, vice Briggs, resigned.

MORIARTY, T. B., M.D., has been appointed Visiting Physician to the Cork Fever Hospital, vice Budds, deceased.

NORTH, J. C., M.B., C.M.Ed., has been appointed Medical Officer for the Seventh District of the Tonbridge Union.

ODELL, T., M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer for the Third District of the Hertford Union.

PHILLIPS, J., B.A., M.B., M.R.C.S., has been appointed House-Physician to the Evelina Hospital for Sick Children, vice W. H. White, M.D., resigned.

SNOAD, E. H., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Aylestone District of the Blaby Union.

SYSON, E. J., L.R.C.P.Ed., L.R.C.S.Ed., has been reappointed Medical Officer of Health for the Caxton and Arrington Districts of the St. Neots Combination.

THURSFIELD, T. W., M.D., M.R.C.P.Lond., has been elected Honorary Consulting Physician to the Leamington and Midland Counties Home for Incurable Cases.

TIDSWELL, H. H., M.R.C.S., L.R.C.P., has been appointed House-Surgeon to the General Infirmary, Northampton, vice A. H. Jones, M.D., resigned.

Births, Marriages, and Deaths.

BIRTHS.

ANDERSEN.—On the 11th inst., at the Little Green, Richmond, Surrey, the wife of William Andersen, M.D., of a daughter.

GARRETT.—On the 12th inst., at Kenmare House, Walsall, the wife of Charles Frederick Garrett, M.R.C.S. & L.S.A.Lond., of a daughter.

HANNAN.—On the 13th inst., at Avonside, Downton, Wilts, the wife of Francis J. Hannan, M.D., of a son.

KIBBLER.—On the 11th inst., at Mordaunt House, Hackney, the wife of W. Ambrose Kibbler, M.B., of a son.

NASH.—On the 5th inst., at Herne Bay, the wife of Edmund Nash, M.D., Lansdowne-road, Notting-hill, of a daughter.

NOAD.—On the 3rd inst., at Chesham Lodge, Lower Norwood, the wife of H. Carden Noad, L.R.C.P.Lond., M.R.C.S., of a daughter.

STARTIN.—On the 12th inst., at the Higham's, Surbiton-hill, the wife of James Startin, Surgeon, of Sackville-street, Piccadilly, of a daughter.

VARDON.—On the 5th inst., at Lennox Lodge, South Hayling, Hants, the wife of Evelyn F. Vardon, M.D., of a daughter.

WHITTAKER.—On the 9th inst., at Mount-pleasant-square, Dublin, the wife of Surgeon-Major J. H. Whittaker, Army Medical Department, of a son, stillborn.

MARRIAGES.

DAVIDSON—STAINFORTH.—On the 7th inst., at Upton Church, Torquay, Patrick Moir Davidson, M.R.C.P.E., of Congleton, Cheshire, to Emily, daughter of the Rev. Richard Stainforth, formerly Rector of Wheldrake, Yorkshire.

HOWARD—PLAYER.—On the 25th ult., at St. Barnabas', South Kensington, Heaton Clark Howard, M.R.C.S.Eng., of Lansdowne-road, S.W., to Annie Lucette Player.

JONES — BOYD. — On the 8th inst., at the Congregational Church, Cheadle, Hulme, Cheshire, by the Rev. D. N. Jordan, B.A., Thomas Jones, Surgeon, of Manchester, to Annie Maria, only daughter of Alex. Boyd, of Beechfield, Cheadle, Hulme.

ROUTH — ROUTH. — At Hunstanton, Norfolk, A. C. Routh, Esq., M.R.C.S., to Annie J. Adele, daughter of C. H. F. Routh, M.D.

THATCHER—NELSON.—On the 8th inst., at the Parish Church, Sandal, Yorkshire, Charles Henry Thatcher, F.R.C.S.E., of Edinburgh, to Emily, elder daughter of the late F. W. Nelson, of Fall Ing, Wakefield. No cards. At home, 13, Albany-street, Edinburgh, Sept. 26th and 27th.

WALTON—KEELAN.—On the 1st inst., at the Parish Church, Alverstoke, Hants, Haynes Walton, F.R.C.S., of Brook-street, Grosvenor-square, to Kathleen Alexandra Mary, second daughter of Patrick Keelan, Fleet-Surgeon, Royal Navy.

WILLIAMS—CHAMPNEYS.—On the 30th ult., at St. Stephen's Church, Cold Norton, Essex, Joseph Williams, M.D., of Holmhurst, Twickenham, to Georgiana Maria, widow of T. H. W. Champneys, Esq., and daughter of the late Rev. Alfred Jenour, Vicar of Blackpool.

DEATHS.

BILLING.—On the 2nd inst., at Park-lane, Archibald Billing, M.D., F.R.S., in his 91st year.

BUTLER.—On the 6th inst., at Greenway House, Honiton, John M. Butler, M.D., late of Woolwich, aged 59.

CARTER.—On the 8th inst., at Dartmouth-terrace, Lewisham-hill, S.E., Richard S. Carter, M.R.C.S., late of Fitzroy-street, W., aged 62.

GRIFFITH.—On the 5th inst., at Gower-street, Richard Clewin Griffith, M.R.C.S., aged 90.

HENDERSON.—On the 3rd inst., at Chester-street, Edinburgh, Francis C. Henderson, M.D., Bengal Medical Service.

HOLMAN.—On the 5th inst., at Ivy House, Uckfield, Sussex, George Holman, M.R.C.S., in his 74th year.

PAYNE.—On the 2nd ult., at Bloemfontein, Orange Free State, South Africa, William G. Payne, L.R.C.P.Ed., M.R.C.S.

RATTRAY.—On the 7th inst., at 67, Glamis-road, Forfar, N.B., Charles Rattray, M.D., formerly Surgeon-Major in Her Majesty's 57th Regiment, aged 45.

SMITH.—At Laurencekirk, Robert Smith, A.M., M.D.Aberd.

SYMONDS.—On the 11th inst., at Oxford, Frederick Symonds, F.R.C.S.Eng., M.A., aged 68.

N.B.—A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

Local papers containing reports or news-paragraphs should be marked.

We cannot prescribe, or recommend practitioners.

Lectures, original articles, and reports should be written on one side only of the paper.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

BAD COMPLEXIONS, ROUGH SKINS, AND BALD HEADS.

NO one can fail to have noticed the accumulating evidence of the permanent injury done to the "appearance" by the artifices to which vanity impels the multitude to resort. Bad complexions, blotchy and rough skins, deficient eyebrows and eyelashes, and bald heads are becoming common characteristics not only of the frivolous or dissipated classes, but of the respectable and sedate community as a whole. These are the consequences of that hurtful recourse to washes, soaps, powders, hair strengtheners and producers and depilatories, which has become general of late years. The public were warned, but they would not take heed, and now they are reaping the fruits of their folly. The fact not sufficiently recognised is that the very measures adopted to remedy the defects and remove the blemishes to which we allude perpetuate them. If instead of using the thousand and one adjuncts for the toilet or applications which are represented as sure to mend the existing state of matters persons who suffer from these evils and inconveniences would abandon the search for special remedies, and simply substitute spring water and ordinary soap for the elaborate and costly preparations which they now employ, all that can be done to promote the recovery of a healthy state would be accomplished. It is amusing to note the ingenuity and enterprise lavished by sufferers and their would-be benefactors in the devising and production of fresh remedies for these surface troubles. Scarcely a week passes without the introduction of some new preparation to undo the injury which previous preparations have done. The medication of the skin and its appendages has fallen into a vicious circle, which needs to be interrupted, and its dupes rescued and set free.

MR. TIMOTHY HOLMES AND THE DIVISIONAL SURGEONS OF POLICE.

A CORRESPONDENCE has been sent us between Dr. Rogers, the guardians of Westminster, and Mr. Timothy Holmes, referring to the way in which cases of accident are treated by the divisional surgeons, or rather are not treated, but sent to the workhouse undressed, and necessitating the attendance of Dr. Rogers, perhaps in the night. The particulars of the individual case are too meagre for us to form a judgment in respect of it. Dr. Rogers complains that, however defective the service of the police surgeons, Mr. Holmes covers it with his protecting ægis. We certainly are of opinion that police surgeons ought to dress wounds to which they are called, and not send cases away with a mere look. But we are not prepared to express a confident opinion as to this particular case.

HAZELINE IN THE TREATMENT OF HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—I have observed with interest several reports in THE LANCET regarding the use of hazeline (hamamelis virginica) in the treatment of hæmorrhoids. I would state that in my experience this new drug has not only proved of great value in hæmorrhoids, but also has been remarkably efficacious in uterine hæmorrhages generally, as well as in phlebitis and varicosis. I give thirty drops three times daily in water, and in cases of hæmorrhoids and varicosis I use it externally. It takes the place of ung. gallæ co., and acts like a charm in removing pain and causing the dilated vessels to shrink.—I am, Sir, yours truly,

Southgate, August 23rd, 1881. J. H. WHITMARSH, L.R.C.P.

FOR SALE, THE USE OF A NAME AND TITLE.

THE following advertisement appeared in a Dublin newspaper a few days ago:—

"Medical.—An elderly gentleman holding the L.A. diploma would give the use of his name to a party or firm requiring protection, or desirous to embark in business before obtaining licence for same, for an annual consideration."

Inquirer.—1. Glenn's Manual of the Laws affecting Medical Men.—2. The report may be obtained at Hansard's, Great Queen-street.

Sick Assurance.—The Accident Insurance Society.

Mr. G. Gaul.—A public analyst would probably solve the difficulty.

Dr. Urquhart (Perth).—Thanks. The notice which appears was already in type.

Mr. Ellice Clark (Brighton).—Thanks. We will consider the suggestion.

THE AWARDS AT THE INTERNATIONAL MEDICAL AND SANITARY EXHIBITION.

To the Editor of THE LANCET.

SIR,—I have read with interest your notices of the recent Medical and Sanitary Exhibition, and being about to provide some lighting, ventilating, and other sanitary appliances for dwelling-houses, I have looked over the list of awards, thinking thus to obtain some further indications as to those most likely to suit my purpose. Not feeling quite satisfied with these awards—i.e., one for warming a sick-room which does not carry away all the products of combustion, I turned to the department with which I am more familiar with the view of ascertaining how far I could endorse the decisions of the judges. Here I was so puzzled that I desire to call attention to a matter which seems to demand explanation.

I think every competent judge who visited the materia medica section of the exhibition or who compares the catalogue with the list of awards cannot fail, considering the number of commended articles, to feel surprised at some omissions. This may be of secondary consequence to individuals who will conclude that such articles were not exhibited, though such a suggestion may not prove perfectly satisfactory to the exhibitors. But it is not the omissions alone which puzzle me. I cannot understand some of the awards. "A method of marking glass by sand blast" has so little to do with "drugs, disinfectants, dietetic articles, and mineral waters," that it looks as if it had got into a wrong section, or have learned lecturers on materia medica been sitting in judgment on the appearance of tablets announcing "apartments to let," or equally important advertisements? In decreeing "awards of merit" to mineral waters it would be satisfactory to learn whether the judgment is based on the purity of the waters or their flavour, or the pharmaceutical or chemical skill displayed in bottling them or manufacturing them, or the commercial enterprise involved in importing and advertising them, or the artistic excellence of the labels. If bottling a natural water deserves a prize, surely the manufacture of an artificial pharmacopœial water deserves a higher. If freedom from organic impurity is of consequence, it seems doubtful whether the judges have duly weighed recent investigations on this point. It would be interesting to learn something about the principles applied to some of the knotty questions involved in the competition, but most of these will interest the profession less than the one I have yet to mention—viz., awards to the preparers of quack preparations.

Rule 8 is as follows (catalogue, p. 143):—"Every article exhibited shall bear a descriptive label containing detailed information respecting its constitution or construction and use. No secret preparations will, under any circumstances, be exhibited." I am sure the profession would like to know how under this rule some articles obtained admission; for instance, the "certain cure" offered by one chemist's "compound preparation" for putting "an end to tapeworms," and still more the same exhibitor's miraculous balm "specially recommended to the ladies" for "correcting natural imperfections or blemishes in the fair sex, caused by the wear and tear of time," and which may be used "on every part of the body to which cold cream is usually applied." In the circular contained in the packages of this marvellous produce of "all the brilliancy of health and beauty," as exhibited and sold under the authority of the distinguished guarantors of the exhibition, we are gravely told that "medical men have obtained great success with it in removing the red spots caused by the action of the sun's rays, and those discolourations on various parts of the body, more especially upon the breasts brought on by pregnancy! Does the "award of merit" decreed to the "sole preparers and inventors" of this precious balm imply that the judges endorse these statements? Of course Rule 8, above quoted, shows that they know its constitution. I freely confess my ignorance, and I wish to ask the medical judges of this section (Drs. E. Buchanan Baxter and R. Farquharson, M.P.) to inform the readers of THE LANCET what is the precise composition of this wonderful preparation, and whether they have any grounds for crediting this account of its properties? The profession will no doubt be glad to learn all about a drug of such envious and unique virtues. If these alleged virtues can be substantiated, the exhibition and the jurors will have added to our materia medica a remarkable novelty. If not, doubts can scarcely fail to be aroused as to the value of the "awards" that have been made.

I am, Sir, yours, &c.,
Dean-street Park-lane, Sept. 6th, 1881. W. PROSSER JAMES.

AUDITORY VERTIGO.

P. E. J., a general practitioner in active practice, has of late been very much afflicted with auditory vertigo (Menière's complex). There is, besides, constant tinnitus and almost complete deafness in the left ear; otherwise health seems perfect. Our correspondent would be glad of any suggestion as to treatment which has proved successful in other cases. He has, he states, tried bromides, quinine, and arsenic.

S. B. W.—The proposal is not a new one. The idea was acted on by Bouchut, but never largely pursued; probably because it was found to be less efficacious than tracheotomy.

A Constant Reader.—The question seems one of simple contract, to be settled in the county court of the district where the plaintiff lives or of that in which the services were rendered.

P. F.—The question appeared extraordinary. The symptoms and treatment of poisoning by carbolic acid are fully discussed by Wood, Stillé, and Maisch, Woodman and Tidy, and in most of the ordinary text-books on materia medica and forensic medicine. For treatment, "Tanner on Poisons" may be consulted, or Dr. Murrell's little book on "What to do in Cases of Poisoning."

DOSES.

To the Editor of THE LANCET.

SIR,—I again venture to draw the attention of the profession to the mischief which sometimes arises from ordering doses of medicine to be taken by tablespoonfuls, teaspoonfuls, dessertspoonfuls, and wineglassfuls.

There are still many medical men who think or who believe their patients think that a tablespoonful means half an ounce, that a dessertspoonful means two drachms, that a teaspoonful means one drachm, and that a wineglassful is equal to two ounces; indeed, this is taught in books. The medicine-glasses sold by chemists keep up the fallacy, and are graduated according to the spoons of more than a hundred years ago. The tablespoons now in general use, when perfectly full, hold about one ounce; most dessertspoons hold half an ounce; and teaspoons hold from one and a quarter to two drachms.

In the prescriptions given in many new standard medical works medicines are frequently ordered to be taken by spoonfuls. Such directions put on the bottles often lead to mistakes, the medicines are used up in half the time they were intended to last, and the doctor is occasionally surprised at the violence of his remedies. He has taken much care to fix the exact dose of each drug when writing the prescription, but all this accuracy has been thrown away if the patient has taken in each dose perhaps double the quantity intended by the prescriber.

I have seen much injury done by patients having taken a tablespoonful or a teaspoonful of a powerful medicine of which the medical man intended half an ounce or a drachm respectively to be taken. The consequences in several cases have been serious. It would be a great benefit if chemists would have the medicine-glasses marked in ounces and drachms only, and would take off the words "tablespoonful" and "teaspoonful." And I would suggest to medical men not to put the word "spoonful" or "wineglassful" in a prescription unless they are sure of the capacity of the spoon or glass that will be used by the patient.

I am, Sir, your most obedient servant,
Lucknow, May 12th, 1881. J. C. WHISHAW, M.D.,
Surgeon-Major Civil Surgeon.

Ferrum.—Such relations are so personal that questions arising out of them should be personally settled. They are not free from difficulties. If the patient can afford to pay two practitioners and wishes to have two she ought to pay both. But we gather that she was led to regard the gentleman she called in as a kind of locum tenens of her regular adviser. In such circumstances he should have communicated with our correspondent, and entirely deferred to him as to his course.

Mr. John Milne, M.B.—We regret to receive such an account from our correspondent; we trust it is exceptional.

J. W. A.—As a general rule the medical man who first sees the deceased should be asked to make the post-mortem. In the particular case mentioned it seems most unsatisfactory that a post-mortem was not demanded by the coroner.

Eboracus.—We apprehend that the receipt is a sufficient ground on which to demand registration or to make any complaint of defective registration.

INHALATION APPARATUS.

To the Editor of THE LANCET.

SIR,—One of your esteemed contributors has mistakenly given me the credit for an invention of a new appliance for holding volatile remedies in the nostrils for inhalation.

I beg to state that, while I have introduced these small rubber appliances to some of the profession, Dr. Feldbausch, of Strasburg, is the inventor, under whose patent they are all made.

I am, Sir, yours truly,
Snow-hill, Holborn-viaduct, London, G. M. BURROUGHS.
Sept. 12th, 1881.

A Qualified Practitioner.—The evil is a great one, and wants exposure; but our correspondent's letter is too general. Details are necessary. If he has any number of well ascertained facts of the sort he hints at, we should advise him to communicate them to the President of the Royal Commission on Medical Acts, 2, Victoria-street.

Physician.—A consultant who would speak and act as R. F. is stated to have done should not be met in consultation. What is a consultant for but to either make fresh suggestions or to confirm the propriety of existing treatment? If he does the latter, and thereafter disparages or traduces it, he condemns himself rather than the gentleman whom he meets.

Medical Witness.—We think the coroner, in refusing a fee, acted within the letter of the law, though its spirit and intention may have been, and probably were, contravened.

Mr. Russell.—The pamphlet has not arrived.

IMBECILE VERDICTS.

To the Editor of THE LANCET.

SIR,—The *Oldham Chronicle* of August 27th reports an inquest with an interesting verdict. A woman in labour sent for and employed an unqualified man. Growing dangerously ill, a qualified man was called in at the end of the second day, who promptly delivered her. She died. Another qualified man made a necropsy, and both qualified men gave evidence that death was due to neglect and want of proper attendance. Verdict, "Death from natural causes." Comment is superfluous.

I am, Sir, yours, &c.,

Sept. 13th, 1881. THUNDERSTRUCK.

Mr. Councillor Nadin (Shales Moor, Sheffield).—We would suggest that our correspondent should write to the medical officer of the London Fever Hospital, Liverpool-road, Islington, N., or to the medical superintendent of one of the fever hospitals of the Metropolitan Asylums Board—say either the Homerton or Stockwell Hospital.

M.B.—No.

Lowestoft.—The experiment was tried at Birkenhead some years ago, and was not, we believe, regarded as satisfactory.

Enquirer is referred to the article "On Books," published in our Students' Number last week.

Dr. Macewen's paper will appear in an early number.

Mr. Watt (Hovingham).—Long communications cannot always obtain prompt insertion.

Dr. Lowe is thanked for the circular. It is indeed a curiosity, but one not worthy of notice.

J. M.—We are not aware. Better write to the secretary.

Surgeon-Major Hutton is thanked. We regret that we are unable to afford space for his interesting lecture.

TEMPERATURE OF SICK-ROOMS.

To the Editor of THE LANCET.

SIR,—I have read with interest your remarks upon the artificial cooling of sick rooms. The problem to be solved is, how to reduce the temperature of a room, say ten degrees below the natural temperature, and at the same time to have free ventilation and frequent change of air. The plan of placing large blocks of ice in the room has been used in Japan for ages, and would naturally be the first idea that would present itself where ice is cheap; but it has one fatal defect. If the temperature of the air and of the dew-point are near one another, or, in other words, if the aqueous vapour in the atmosphere amounts to nearly saturation, as is usually the case in the British climate, the reduction of the temperature by even a few degrees will cause a deposit of water on every object in the room, and, as fresh air must be admitted, the room becomes a gigantic condenser, a state of things not favourable to the patient in most cases of illness, and pernicious to one suffering from any sort of open wound or sore.

Not a few ingenious devices have been applied to the ships employed in the dead meat trade to procure a supply of cold dry air to the meat-rooms, experience having shown that meat will not keep in a damp cold atmosphere. In order to cool a room efficiently, it is essential that the air be cooled and dried before admission into the sick chamber, and I fear there is no cheap and easily applied method for doing this; given, however, space and means, there would be no difficulty in rigging up an effective apparatus. I would remark that a damp climate with a temperature of 80° is much more unpleasant and distressing than a dry one of 90°. Of course there are cases, such as of heat apoplexy, where the first requisite is a reduction of the abnormal temperature, when dampness would be of little consequence; but in many cases, and above all in cases of suppurating wounds, the practitioner would do well to hesitate before surrounding his patient with the atmosphere of a vapour bath.

I am, Sir, yours truly,

Torquay, August 29th, 1881. H. COOKSON, F.R.C.S.,
Surgeon-Major I.M.D. (retired).

THE following is a subject so seldom dealt with in verse that it may be thought worthy of quotation in THE LANCET:—

WITH THE SCALPEL.

"Ubi sodes vitæ"

(By H. SAVILE CLARKE in *The Burlington.*)

Here's our "subject"—tall and strong,
With vermilion well injected;
Where the blood once coursed along,
Ready now to be dissected.
Someone never claimed, it seems,
Friendless amid London's Babel:
Did he ever in his dreams
See this table?

Here's a hand that once held fast
All things pleasant, to its liking;
Now its active days are past,
Or for friendship or for striking.
Nothing colder here could lie,
Yet on someone's palm there lingers
Sense of its warm touch, while I
Strip the fingers.

How the dead eyes strangely stare
When I lift the lids above them!
Yet some woman lives I swear,
Who too well had learnt to love them;
Someone since their final sleep
Holds their smiles in recollection,
While I put them by to keep
For dissection.

Then the heart. I take it out,
Handling it with no compunction;
Once it wildly pulsed no doubt,
Well performed each wondrous function.
Sped the life-blood on its race
In miraculous gyration,
Felt, responsive to one face,
Palpitation.

Where was Life then?—was it hid
In each curious convolution,
Packed beneath the cranium lid
With such order'd distribution?
Can we touch one spot and say,
Here all thought and feeling enter'd,
Here—'twas but the other day—
Life was centred?

No, that puzzle still remains,
One unsolved supreme attraction;
Here are muscles, nerves, and veins—
Where was that which gave them action?
Though the scalpel's edge be keen,
Comes no answer from the tissues,
Telling us where life has been—
Whence it issues.

We can bid the heart be still,
Stop the life-blood's circulation;
Paralyse the sovereign will,
Through the centres of sensation.
When the clay lies at your feet,
We can light no life within it,
Cannot make the dead heart beat
For one minute.

Yet this thought remains with him,
Dead he is to outward seeming,
Still the eyes, so glazed and dim,
See what lies beyond our dreaming;
Know the secrets of the spheres,
Truth of doom or bliss supernal,
Read the riddle of the years—
Life eternal!

So we'll leave him, ready now
For to-morrow morning's lecture;
Lift'e recks that placid brow
Of our wayward wild conjecture.
It may be our fate to die
All unwept and miss'd by no men:
As he lies there, we may lie,
Absit omen.

ISLE OF MAN AS A WINTER RESIDENCE.

To the Editor of THE LANCET.

SIR,—Will any of your subscribers who are acquainted with the Isle of Man kindly state their opinion of its suitability as a winter residence for rheumatic patients. Any particulars as to the nature of the climate, mean winter temperature, rainfall, &c., would be welcome.

I am, Sir, yours truly,

Mavisbank, Midlothian, Sept. 8th, 1881. J. A. PHILIP.

WANTED—FORMULA FOR PREPARING A SULPHURIC ACID DRINK.

To the Editor of THE LANCET.

SIR,—I should feel very much obliged if any of your readers would be good enough to give me a formula for preparing a sulphuric acid drink suitable for free use by men engaged in working with lead. Perhaps the medical officers of some of our large lead works would be kind enough to reply.—I am, Sir, yours faithfully,

C. H. Y. GODWIN, Surgeon-Major, A.M.D.

Medical Department, Royal Arsenal, Woolwich,
Sept. 7th, 1881.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Fisher, Chelsea; Dr. Thomson, Camberwell; Mr. Clark, Brighton; Dr. Daly, London; Mr. Philip, Mavisbank; Mr. Newington; Dr. Mackintosh, Dublin; Dr. Prosser James, London; Mr. R. Walker, Loch Ness; Mr. Williams, Enfield; Mr. Hind, South Molton; Dr. Foster, Leeds; Mr. Gascoigne, Halifax; Dr. J. K. Quinan, Baltimore; Mr. Ingpen, London; Mr. Cook, Richmond; Dr. Dyer, Pretoria; Dr. Struthers, Aberdeen; Dr. Compton, Newstead; Messrs. Paterson, Kerr, and Co., London; Mr. Prese, Wolverhampton; Mr. Nathaniel; Mr. Holmes; Mr. Logan; Mr. Nicoll, Arassaig; Dr. Compton, Bournemouth; Mr. Blackford; Mr. E. Thomas, Chatham; Mr. Hall; Mr. Bird; Mr. Bruce; Mr. Heygate; Dr. Zeeman, Amsterdam; Mr. Morgan; Mr. Elton; Mr. Dowell; Mr. B. Calsthorne, Chalford; Mr. Sutton; Mr. R. P. Jones; Dr. Macgregor, Halifax, N.A.; Mr. Fosbroke, Birmingham; Mr. Beal; Dr. Pinder, Bow; Mr. Moxon, Malvern Link; Mr. F. Sherlock, London; Dr. Furnell, Madras; Dr. Griffith, London; Mr. Gilbert; Surgeon-Major Hutton, Leamington; Dr. Thorowgood, London; Mr. Le Page, Meadowfield; Dr. Protheroe Smith, London; Mr. Pike, Loughborough; Dr. Edge, Manchester; Dr. Totherick, Wolverhampton; Dr. Kelly, Worthing; Messrs. Burroughs, Wellcome, and Co., London; Mr. C. Adams, London; Mr. Winter, Wolverhampton; Messrs. Churchill, London; Mr. J. Bland, London; Mr. Pratt; M.P., Hoxton; Assistant, Canterbury; A. Z. E.; Vox; W. O. O., Manchester; A Medical Witness; Medicus, Colne; &c., &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Perry; Miss Turner, Ulseby Grange; Dr. Rattray, Forfar; Mr. Candler, Melbourne; Dr. Torrance, Coventry; Dr. Moriarty; Mr. Birchall, Liverpool; Mr. Molyneaux; Dr. Macarty, Aldershot; Mr. England; C. Westley; Mrs. Millar; Mr. Beckton; Mr. Granger; Mr. Elliot; Mr. R. Johnston; Mr. Elliott, Arnold; Mr. Humphrys, Montgomery; Mr. Watts, London; Dr. Annan, London; Mr. Williams, Talgar; Mr. Street, Linslade; Mr. Marshall, Whitford; Mr. Raine, Darlington; Mr. Dowkes, Helmsley; Mr. Loxley, Melton Mowbray; M.D.; E. S., Rotherham; Ceres; F. R. A., Ipswich; H. W. P.; H., Derby; M.D., Brixton; W. H., Wandsworth; E. D. R.; Registrar, Bath; Alpha, London; R. C. S., London; A.M.D., Leicester; M.D., Edin.; Sciendia; Medicus, Birmingham; Didymus; J. S., Burton-on-Trent; M.; &c., &c.

South London Press, Church of England Temperance Chronicle, The Trade, Oil and Drug News, Denbigh Herald, Brooklyn Daily Eagle, Le Emulacion, Building and Engineering Times, Science, Hand and Heart, Sussex Daily News, Western Times, &c., have been received.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Sept. 15th, 1881.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Dry Bulb	Wet Bulb	Solar Radia. in Vacuo	Max. Temp Shade	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Sept. 9	29·89	N.	57	53	89	67	52	·02	Overcast
„ 10	30·08	N.E.	57	54	77	59	50	..	Cloudy
„ 11	30·00	S.W.	55	53	..	61	50	..	Overcast
„ 12	29·96	N.	57	55	..	60	51	·03	Cloudy
„ 13	30·11	N.W.	56	54	83	67	51	..	Overcast
„ 14	30·12	N.W.	56	54	98	69	49	..	Overcast
„ 15	30·00	N.W.	56	55	79	61	51	..	Foggy

Medical Diary for the ensuing Week.

Monday, Sept. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.
UNIVERSITY COLLEGE HOSPITAL.—Ophthalmic Department.—2 P.M., and on Tuesday, Thursday, and Friday, at the same hour.

Tuesday, Sept. 20.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, Sept. 21.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1 P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department.—1.45 P.M., and on Saturday at 9.15 A.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

Thursday, Sept. 22.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.

Friday, Sept. 23.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Sept. 24

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

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Agent for the Advertising Department in France—J. ASTIER, 67, Rue Caumartin, Paris.